

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

February 26, 2024

[REDACTED], REGIONAL DIRECTOR
RURAL LIVING INC
[REDACTED]

RE: WYNWOOD HOUSE AT GREENHILLS
301 FARMSTEAD LANE
STATE COLLEGE, PA, 16803
LICENSE/COC#: 24323

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/13/2023 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]
Acting Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: WYNWOOD HOUSE AT GREENHILLS **License #:** 24323 **License Expiration:** 12/13/2024
Address: 301 FARMSTEAD LANE, 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: C-2 LP **Date:** 04/03/1997 **Issued By:** L&I

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 37 **Waking Staff:** 28

Inspection Information

Type: Full **Notice:** Unannounced **BHA Docket #:**
Reason: Renewal, Complaint **Exit Conference Date:** 12/13/2023

Inspection Dates and Department Representative

12/13/2023 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 47 **Residents Served:** 34

Secured Dementia Care Unit

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

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 1 **Are 60 Years of Age or Older:** 46
Diagnosed with Mental Illness: 5 **Diagnosed with Intellectual Disability:** 2
Have Mobility Need: 3 **Have Physical Disability:** 0

Inspections / Reviews

12/13/2023 Full

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 01/08/2024

01/10/2024 - POC Submission

Submitted By: [REDACTED] **Date Submitted:** 01/17/2024
Reviewer: [REDACTED] **Follow-Up Type:** Document Submission **Follow-Up Date:** 01/17/2024

Inspections / Reviews *(continued)*

02/26/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/17/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

42c - Treatment of Residents

1. Requirements

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

Resident 1 and Resident 2 indicated that Staff member A uses profanity in front of them which they find offensive.

Resident 2 further states that the staff is rude and argumentative with residents.

Plan of Correction

Accept (█ - 01/10/2024)

The administrator of the building had a verbal conversation with staff member A in regard to these indications and denies using any profanity or being argumentative with residents on 12/14/2023. Staff member A was re-educated on resident rights as a refresher of what is appropriate behavior in a personal care home setting. Administrator will continue to check in with residents and staff member to ensure that dignity and respect is being continued between staff and residents. Please see attachment titled GH-resident right education.

This POC is complete.

Licensee's Proposed Overall Completion Date: 01/08/2024

Implemented (█ - 01/19/2024)

65g - Annual Training Content

2. Requirements

2600.

65.g. Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

3. Resident rights.

Description of Violation

Staff Member B did not complete the mandatory DHS training topic "Resident Rights" for training year 2022.

Plan of Correction

Accept (█ - 01/10/2024)

HR that oversees training hours did an audit on 12/27/23 on all training hours of 2022 until present to see what hours are still needed. Resident Rights was redone with Staff Member B for 2022, as █ still is employed at building. Facility is currently in the process of setting up a new training system that will be mainly electronic through Relias with the goal of eliminating unnecessary paperwork and having to track it down. Reports will be able to be run and will save time and make monitoring training much easier for 2024 and moving forward. HR will set up all initial trainings from date of hire and then schedule the annual trainings, run reports monthly, and reach out to staff members on trainings needed. HR will report monthly to the Regional Director of Operations on hours to oversee and ensure that compliance is being maintained. Relias should be up and running by 2/1/2024. We just had our second zoom meeting on training plan on 1/8/2024. Please see attachment titled GH-2022 training audit

Licensee's Proposed Overall Completion Date: 01/08/2024

Implemented (█ - 01/19/2024)

82a - Poisonous Materials

3. Requirements

82a - Poisonous Materials (continued)

2600.

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

Description of Violation

The laundry room in the back had a clear spray bottle, labeled with permanent marker "window cleaner" that did not have a manufacturer's label on it.

The laundry room in the back had a clear spray bottle, labeled with permanent marker "Febreze" that did not have a manufacturer's label on it

Plan of Correction

Accept () - 01/10/2024)

The clear bottles labeled Febreze and Window Cleaner were immediately removed while inspectors still on sight on 12/13/23. Administrator and/or administrative assistant will do rounds weekly, starting 1/4/24 to ensure that no bottles are unlabeled and without manufacturer's label on them. Administrator will continue to oversee to ensure compliance is being maintained. If a bottle is found, it will be removed, and staff will be educated until retained.

This POC is complete.

Licensee's Proposed Overall Completion Date: 01/08/2024

Implemented () - 01/19/2024)

85a - Sanitary Conditions

4. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

During med cart audit, Staff C was conducting a Narcotic count. Staff C emptied a pill bottle onto the top of the med cart and then picked up the pills with ungloved hands. The staff did not protect the resident from contamination of the pills by using a pill counter and/or a gloved hand.

Plan of Correction

Accept () - 01/10/2024)

Administrator ordered a pill counter from pharmacy on 12/14/23. All med techs are scheduled to have a training in regard to prevention of contamination of pills by using a pill counter and/or a gloved hand on 1/10/24 at 2pm. The Med trainer and the Administrator of the building will continue to check in and do random narcotic counts with med techs to ensure that compliance is being maintained. Please see attachment titled GH-pill counter. Training will be sent after conducted on 1/10/24.

This POC is complete.

Licensee's Proposed Overall Completion Date: 01/08/2024

Implemented () - 01/19/2024)

96a - First Aid Kit

5. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

96a - First Aid Kit (continued)

Description of Violation

The first aid kit located in the home's medication room did not contain thermometer, tape, and goggles.

Plan of Correction

Accept (█ - 01/10/2024)

The administrator of the building immediately inserted a thermometer, tape, and goggles while inspectors still on sight on 12/13/23. Administrator will check first aid kit quarterly to ensure that no items are taken out and ensure that compliance is being maintained. Please see attachment titled GH-first aid kit.

This POC is complete.

Licensee's Proposed Overall Completion Date: 01/08/2024

Implemented (█ - 02/26/2024)

103e - Left Overs

6. 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

The refrigerator on the left in the dining area had a zip lock bag labeled "Hamburg Gravy" that was not dated.

The Upright freezer in the dry storage area contained a Ziplock bag of what appeared to be breakfast sausage links with a date on it. There was no distinction of what the bag contained.

Plan of Correction

Accept (█ - 01/10/2024)

Both Ziplock bags were removed and disposed of while inspectors still on site on 12/13/23. The Administrator and/or Administrative Assistant do and will continue to assist with the unloading of weekly deliveries of trucks and help check to make sure everything is labeled and dated. Administrator will continue to monitor and oversee to ensure that compliance is being maintained. Correction of any missing date or label will immediately be corrected.

This POC is complete.

Licensee's Proposed Overall Completion Date: 01/08/2024

Implemented (█ - 02/26/2024)

109b - Rabies Vaccination

7. Requirements

2600.

109.b. Cats and dogs present at the home shall have a current rabies vaccination. A current certificate of rabies vaccination from a licensed veterinarian shall be kept.

Description of Violation

A current rabies vaccination record was not maintained for Rebel, dog, The license expired in 5/23.

Plan of Correction

Accept (█ - 01/10/2024)

The employee that brings the dog was on vacation while inspection on 12/13/23 and provided the requested rabies vaccination when █ returned on 12/19/23. Staff member keeps all records on her phone. Administrator to print out records and keep them updated in a file. Administrator will continue to monitor, oversee, and ensure record is kept printed out and filed to ensure that compliance is being maintained.

109b - Rabies Vaccination (continued)

Please see attachment titled GH-rabies record
This POC is complete

Licensee's Proposed Overall Completion Date: 01/08/2024

Implemented () - 02/26/2024)

125a - Combustible Storage

8. Requirements

2600.

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

Description of Violation

In the back laundry room, behind the dryer was a clear plastic spray bottle, labeled with permanent marker "Febreze" 2 inches underneath the dryer exhaust. The Material Safety Data Sheets for Febreze are labeled "flammable liquid and vapor, and being that close to the dryer exhaust vent, posing a fire hazard.

Plan of Correction

Accept () - 01/10/2024)

The clear bottle labeled Febreze was immediately removed from behind the dryer by the administrator while inspectors were still on site on 12/13/23. The dryer is and was not a working dryer, as that laundry room is not utilized in the back. An out of order sign was attached to the dryer. The administrator will conduct weekly checks throughout the building to ensure that no items are behind the dryer. The administrator will continue to oversee to ensure that compliance is being maintained. Please see attachment titled GH-dryer out of order sign.
This POC is complete.

Licensee's Proposed Overall Completion Date: 01/08/2024

Implemented () - 02/26/2024)

130e - Hearing Impairment

9. Requirements

2600.

130.e. If one or more residents or staff persons are not able to hear the smoke detector or fire alarm system, a signaling device approved by a fire safety expert shall be used and tested so that each resident and staff person with a hearing impairment will be alerted in the event of a fire.

Description of Violation

Resident 3 indicates that they are unable to hear the fire alarm and that staff will come to their room to alert them that the alarm is going off. They do not have a device approved by a fire expert to alert them that the alarm was activated.

Plan of Correction

Accept () - 01/10/2024)

Administrator updated the RASP on () that will indicate/alert that staff will have to assist resident from the room during a fire alarm. Administrator has put in a request to order a bed shaker or any device of approval by a fire safety expert that will alert resident that the alarm was activated. Information will be sent on device as soon as recommendation is received. Until then, staff must physically enter room during any fire drill or anytime alarm goes off to alert resident of alarm. The administrator will continue to oversee and monitor to ensure that compliance is being maintained.

This POC is complete.

Licensee's Proposed Overall Completion Date: 01/08/2024

Implemented () - 02/26/2024)

130e Hearing Impairment (continued)

132e - Fire Drill Sleeping Hours

10. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

Fire Drill record indicates that an overnight fire drill occurred on 3/23/23, and 9/15/23. However, 6 residents interviewed indicated there has never been a fire drill done during night hours. A log from the fire alarm company was requested but not received.

Plan of Correction

Accept (████) - 01/10/2024)

Administrator reports that fire drills during sleeping hours were being done, however when request was put in from fire company, they could not produce any logs during requested dates. Administrator to conduct a fire drill during sleeping hours every 6 months and will include written documentation of when fire alarm company is notified along with the time and date. A fire drill was conducted during sleeping hours on 1/8/2024. The administrator will report all documentation and proof of fire drills to the Regional Director of Operations at the beginning of every month. The Regional Director of Operations will monitor and continue to oversee to ensure that compliance is being maintained.

Please see attachment titled GH 1 8 24 fire drill

This POC is complete.

Licensee's Proposed Overall Completion Date: 01/08/2024

Implemented (████) - 02/26/2024)

144c1 - Smoking Area Guidelines

11. 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:

Description of Violation

In the smoking area around the dumpster, there were cigarette butts on the ground, in wood mulch, posing a fire hazard.

Plan of Correction

Accept (████) - 01/10/2024)

The administrator immediately picked up and disposed of the cigarette butts while inspectors still on site on 12/13/23. Maintenance will send weekly reports starting week of 1/7/24 after doing rounds outside of building. Administrator will continue to monitor and oversee to ensure that compliance is being maintained. Please see attachment titled GH maintenance weekly reports.

This POC is complete.

Licensee's Proposed Overall Completion Date: 01/08/2024

Implemented (████) - 02/26/2024)

227d - Support Plan Medical/Dental

12. 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 #3 is hard of hearing, to the point resident cannot hear fire alarms when hearing aids are not in or working properly. During resident interview, resident indicated that staff have to come get resident during fire drills. Residents RASP does not indicate that resident cannot hear the fire drill.

Plan of Correction**Accept ([REDACTED] - 01/10/2024)**

Administrator updated the RASP on [REDACTED] that will indicate/alert that staff will have to assist resident from the room during a fire alarm. Administrator has put in a request to order a bed shaker or any device of approval by a fire safety expert that will alert resident that the alarm was activated. Information will be sent on device as soon as recommendation is received. Until then, staff must physically enter room during any fire drill or anytime alarm goes off to alert resident of alarm. The administrator will continue to oversee and monitor to ensure that compliance is being maintained. Please see attachment titled GH-RASP hearing impaired.

This POC is complete.

Licensee's Proposed Overall Completion Date: 01/08/2024

Implemented [REDACTED] 02/26/2024)
