

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

June 7, 2024

[REDACTED], PRESIDENT
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 05/15/2024, 05/16/2024 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]
[REDACTED]

Certificate(s) of Occupancy

Type: C-2 LP **Date:** 04/25/2005 **Issued By:** L&I

Staffing Hours

Resident Support Staff: **Total Daily Staff:** 42 **Waking Staff:** 32

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint **Exit Conference Date:** 05/16/2024

Inspection Dates and Department Representative

05/15/2024 - On-Site: [REDACTED]
05/16/2024 - 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: 3

Number of Residents Who:

Receive Supplemental Security Income: 4 **Are 60 Years of Age or Older:** 35
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 7 **Have Physical Disability:** 1

Inspections / Reviews

05/15/2024 Partial

Lead Inspector: Amy Deluca **Follow-Up Type:** POC Submission **Follow-Up Date:** 06/02/2024

Inspections / Reviews *(continued)*

06/07/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 06/07/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

06/07/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 06/07/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

185a - Implement Storage Procedures

1. 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 #1 has an order for [REDACTED] every two hours as needed. The home did not have this medication on hand to administer if needed.

Plan of Correction

Accept [REDACTED] - 06/07/2024)

[REDACTED] was immediately ordered on 5/16/24 while inspectors still on site by administrator. An in-service was provided by building administrator on 5/21/24 to re-educate the procedures on who to report to when medications are not present during narcotic count. The administrator will do periodic narcotic counts weekly to ensure that the policy is implemented to ensure that compliance is being maintained.

Please see attachment titled PV-controlled substance in-service. Please see attachment titled PV- [REDACTED] replacement delivery slip.

This POC is complete.

Licensee's Proposed Overall Completion Date: 05/31/2024

Implemented [REDACTED] - 06/07/2024)

185b - Medication Procedures

2. Requirements

2600.

185.b. At a minimum, the procedures must include:

2. A process to investigate and account for missing medications and medication errors.

Description of Violation

The home's policy on accountability of medication and controlled substances indicates that staff are required to count narcotics at each shift change. It was determined that a [REDACTED] bottle of [REDACTED] was missing from the home's medication cart. The missing medication was not immediately reported to the LPN or manager on call as required by the home's policy.

Plan of Correction

[REDACTED] 06/07/2024)

An in-service was provided by building administrator on 5/21/24 to re-educate the procedures on who to report to when medications are not present during narcotic count. The administrator will do periodic narcotic counts weekly to ensure that the policy is implemented to ensure that compliance is being maintained.

Please see attachment titled PV-controlled substance in-service.

This POC is complete.

Licensee's Proposed Overall Completion Date: 05/31/2024

Implemented [REDACTED] - 06/07/2024)

187c - Refusal of Medication

3. Requirements

2600.

187c - Refusal of Medication (continued)

187.c. If a resident refuses to take a prescribed medication, the refusal shall be documented in the resident's record and on the medication record. The refusal shall be reported to the prescriber within 24 hours, unless otherwise instructed by the prescriber. Subsequent refusals to take a prescribed medication shall be reported as required by the prescriber.

Description of Violation

According to the May Medication Administration Record (MAR) for resident #1, the resident frequently refuses the following medications: [REDACTED]

[REDACTED]. The home did not have documentation that the prescriber of the medications was notified of the resident regularly refusing these medications.

Plan of Correction**Accept [REDACTED] - 06/07/2024)**

An order was sent to the resident's PCP on 5/17/24 letting [REDACTED] know that resident refuses medications at times and the MD acknowledges that. This form was immediately implemented for any residents who refuse medications longer than 3 days in a row. The administrator will continue to monitor to ensure that compliance is being made. Please see attachment titled PV-med refusal order.

This POC is complete.

Licensee's Proposed Overall Completion Date: 05/31/2024

Implemented [REDACTED] - 06/07/2024)