

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

August 14, 2024

[REDACTED], ADMINISTRATOR
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 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 GREENHILLS License #: 24323 License Expiration: 12/13/2024
 Address: 301 FARMSTEAD LANE, STATE COLLEGE, PA 16803
 County: CENTRE Region: NORTHEAST

Administrator

Phone: Email:

Legal Entity

Name: RURAL LIVING INC
 Address:

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: 31 Waking Staff: 23

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:
 05/16/2024 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 47 Residents Served: 30
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 0
 Number of Residents Who:
 Receive Supplemental Security Income: 2 Are 60 Years of Age or Older: 29
 Diagnosed with Mental Illness: 3 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

05/15/2024 Partial
 Lead Inspector: Follow-Up Type: POC Submission Follow-Up Date: 06/16/2024
 07/02/2024 - POC Submission
 Submitted By: Date Submitted: 07/19/2024
 Reviewer: Follow-Up Type: POC Submission Follow-Up Date: 07/10/2024

Inspections / Reviews *(continued)*

07/17/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 07/19/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 07/19/2024

08/14/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 07/19/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

16c Written Incident Report

1. Requirements

2600.

16.c. The home shall report the incident or condition to the Department’s personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident #1 missed at least 1 medication on 28 days during the timeframe from [redacted] due to being out of the home and in the community. The missed medications were not reported to the Department.

Plan of Correction

Accept ([redacted] 07/17/2024)

The residents all have signed physician orders that the MD is to be notified after 3 consecutive days of refusing. The MD would only have to be notified after 3 consecutive days. There were not any 3 consecutive days. That order is present, in addition to the MD signing a letter acknowledging they are aware of possible refusals.

The administrator will audit all MARS during weekly medcart audits beginning 5/23/24 to see if any residents are refusing medications to ensure that compliance is being maintained. Administrator will send error reporting to DHS if any refusals are over the 3 days. Documentation will also be sent to the Director and Assistant Director to oversee and ensure that compliance is being maintained.

Please see attachment titled GH-med cart audits

Please see attachment titled GH-physicians orders

This POC is complete.

Proposed Overall Completion Date: 07/11/2024

Effective immediately the Administrator will report all medication errors as required. [redacted]

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented [redacted] - 08/14/2024)

51 Criminal Background Check

2. Requirements

2600.

51. Criminal History Checks Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § 10225.101 10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

The hiring policy and practice of the facility is not in accordance with the Older Adult Protective Services Act. The facility hired without requesting a Pennsylvania State Police Criminal Background Check until after the person has began working and there was no affirmation in writing they are not disqualified from employment under the act for the following staff:

- Staff Member A Date of Hire [redacted], Criminal Background Check requested [redacted]

51 Criminal Background Check (continued)

- Staff Member B, Date of Hire [REDACTED], Criminal Background Check requested [REDACTED].
- Staff Member C Date of Hire [REDACTED], Criminal Background Check requested [REDACTED].
- Staff Member D Date of Hire [REDACTED], Criminal Background Check requested [REDACTED].
- Staff Member E, Date of Hire [REDACTED], Criminal Background Check requested [REDACTED].
- Staff Member F, Date of Hire undetermined, was on the schedule as a cook as of [REDACTED], Criminal Background Check requested [REDACTED].

Plan of Correction

Accept ([REDACTED] - 07/11/2024)

On [REDACTED], the HR Director implemented a new policy that all criminal background checks will be conducted prior to the employee's first day of employment. For any under review, a form was created on [REDACTED] that will be given to the administrator of the building, to inform that employee must be with another employee at all times until review is cleared. The employee will not be permitted to work without continuous supervision until cleared by the HR Director. The HR Director will continue to monitor that background checks are done prior to first day of employment and will keep documentation of new forms created for any that are under review to ensure that compliance is being maintained.

Please see attachment titled GH new hire form

This POC is complete.

Licensee's Proposed Overall Completion Date: 07/10/2024

Implemented ([REDACTED] - 08/14/2024)

52 - Hiring Staff

3. Requirements

2600.

- 52. Staff Hiring, Retention and Utilization - Hiring, retention and utilization of staff persons shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults) and other applicable regulations.

Description of Violation

Staff member G, date of hire [REDACTED], was a resident of Virginia throughout employment at the facility. There was no required FBI criminal background check in her/his file.

Staff member H, date of hire [REDACTED], was a resident of New York throughout employment at the facility. There was no required FBI criminal background check in her/his file

Plan of Correction

Accept ([REDACTED] - 07/11/2024)

On 5/20/24, the HR Director implemented that all criminal background checks will be conducted prior to the employee's first day of employment. Anyone that resides out of state will be required to have a FBI background check, prior to employment. For any under review, a form was created on 5/20/24 that will be given to the administrator of the building, to inform that employee must be with another employee at all times until review is cleared. The employee will not be permitted to work without continuous supervision until cleared by the HR Director. The HR Director will continue to monitor that background checks are done prior to first day of employment and will keep documentation of new forms created for any that are under review to ensure that compliance is being

52 - Hiring Staff (continued)

maintained. The HR Director created a digital fingerprint account online on 6/12/24. Staff G was a student and last day of employment was 4/30/24. Staff H was a student and last day of employment was 4/30/24. HR Director will conduct monthly audits and began in May on all files to ensure that compliance is being maintained. HR Director will also keep all documentation of new hire forms to ensure that all backgrounds are completed prior to employment.

Please see attachment titled-GH-new hire form

Please see attachment titled-GH-file audits monthly

This POC is complete.

Licensee's Proposed Overall Completion Date: 07/10/2024

Implemented (█) - 08/14/2024)

62 - Contact List

4. Requirements

2600.

- 62. List of Staff Persons - The administrator shall maintain a current list of the names, addresses and telephone numbers of staff persons including substitute personnel and volunteers.

Description of Violation

The home did not have a current staff contact list on the date of inspection. Through staff interviews it was determined that Staff Member A, Staff Member F, and Staff Member I were not listed on the staff contact list given to the licensing representatives however were all employed by the home.

Plan of Correction

Accept (█) - 07/11/2024)

Contact Sheet was immediately updated while inspectors still on site on 5/16/24 by the HR Director. The HR Director started conducting weekly audits on the contact sheets beginning 5/17/24 and will continue to conduct weekly to ensure that contact sheet is up to date. The contact sheet is live on google documents and available on the chromebook for all employees in the med room. The HR Director will continue to monitor and update as needed to ensure that compliance is being maintained.

Please see attachment titled- GH-contact list audits, June and July.

This POC is complete.

Licensee's Proposed Overall Completion Date: 07/10/2024

Implemented (█) - 08/14/2024)

85d - Trash Receptacles

5. Requirements

2600.

- 85.d. Trash in kitchens and bathrooms shall be kept in covered trash receptacles that prevent the penetration of insects and rodents.

85d - Trash Receptacles (continued)

Description of Violation

The trash can located in the shared bathroom in the activity room, did not have a lid on it at the time of inspection.

Plan of Correction

Accept [redacted] - 07/11/2024)

The trash can lid was immediately replaced on 5/16/24 by the administrative assistant while the inspectors still on site. Daily walk throughs started on 5/17/24 by the Administrator and/or administrative assistant. They will then document anything found on the walk through on a check sheet and correct it. The daily walk throughs will continue. The Administrator will continue to monitor and ensure that compliance is being maintained. Please see attachment titled-GH-daily walk throughs June and July.

This POC is complete.

Licensee's Proposed Overall Completion Date: 07/10/2024

Implemented [redacted] 08/14/2024)

91 - Telephone Numbers

6. Requirements

2600.

- 91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

The activities room telephone did not have the required telephone numbers posted on or near the phone.

Plan of Correction

Accept [redacted] - 07/11/2024)

The emergency telephone numbers were posted near the activities phone by the administrator assistant on 5/16/24 while inspectors were still on site. Daily walk throughs will continue on 5/17/24 by the Administrative Assistant and/or the Administrator. They will have a daily checklist and make notes of anything that needs corrected. The administrator will continue to monitor to ensure that compliance is being maintained.

Please see attachment titled GH-daily walk throughs June and July

This POC is complete.

Licensee's Proposed Overall Completion Date: 07/10/2024

Implemented [redacted] - 08/14/2024)

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

The home allows a staff to bring their dog Rebel to work, the dog's rabies vaccination expired 4-17-24, and the dog was at the facility on 5-15-24.

Repeat Violation: 12/13/23

109b - Rabies Vaccination (continued)

Plan of Correction

Accept (█) - 07/11/2024)

The dog was immediately removed from the facility on 5/15/24. The owner was counseled by the administrator on 5/17/24 and was instructed that the records must be kept up to date. All pet records will be sent to the corporate office by the administrator 6/1/24. The Assistant Director will keep all pet records on file as well and notify building administrator when vaccinations are due. Next due is by 5/23/27. Administrator will check vaccination records monthly and has checked the records on 5/21/24, 6/25/24, and 7/8/24.

Please see attachment titled GH-daily walk throughs June and July
Please see attachment titled GH-vaccine records 2

This POC is complete.

Licensee's Proposed Overall Completion Date: 07/10/2024

Implemented (█) - 08/14/2024)

121a - Unobstructed Egress

8. Requirements

2600.

121.a. Stairways, hallways, doorways, passageways and egress routes from rooms and from the building must be unlocked and unobstructed.

Description of Violation

The door leading to the outside of the home from the music/activities room has a keypad to allow exit to the outdoors. There is no access code posted near the door, preventing immediate egress in the event of an emergency.

There is a locking device from the common living room to the previously proposed but not implemented Secure Dementia Care Unit (SDCU). The code is posted. No resident or staff knew how to get through the door, preventing immediate egress in the event of an emergency.

Plan of Correction

Accept (█) - 07/11/2024)

The administrator assistant unlocked the secured door on 5/15/24. Vigilant Security was notified on 5/16/24 by the administrator and disabled the locks to the door leading outside to the patio area and the interior door to day room on 5/30/2024. They have originally not been working and it is unknown how they started locking again. The administrator will check locks on their daily walk throughs beginning 5/20/24 and notify vigilant if doors should ever lock again. The administrator will continue to monitor to ensure that compliance is being maintained. Please see attachment titled, GH-lock disabled

This POC is complete.

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented (█) - 08/14/2024)

182b - Prescription Medication

9. Requirements

182b Prescription Medication (continued)

2600.

182.b. Prescription medication that is not self administered by a resident shall be administered by one of the following:

- 4. A staff person who has completed the medication administration training as specified in § 2600.190 (relating to medication administration training) for the administration of oral; topical; eye, nose and ear drop prescription medications; insulin injections and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member J, Date of Hire [REDACTED] did not work for Wynwood House prior to 2-15-24 at any of their facilities, according to Staff Member J and Staff Member L. The facilities trainer, Staff Member K signed off on [REDACTED] annual practicum sheet for an observation on [REDACTED] prior to Staff Member J's employment. The documentation is invalid due to the student's name and signature not being present on the Annual Practicum forms. Staff Member J initialed as administering medications to Resident #3 on [REDACTED], Resident #1 on [REDACTED].

Plan of Correction

Accept ([REDACTED]) - 07/16/2024)

The med tech trainer received documentation after multiple requests from staff member J's other employer on [REDACTED]. Please see attachment titled, GH-medtech requalification.

The med tech trainer conducted an audit on all medtech documentation on 6/26/24 and will continue to audit all documentation quarterly. The Assistant Director beginning 7/1/24 will have to approve all medtechs to be placed on schedule. The Assistant Director will continue to oversee and ensure that compliance is being maintained. Please see attachment titled, medtech tracker audit

This POC is complete.

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented ([REDACTED]) - 08/14/2024)

182c Medication Administration

10. Requirements

2600.

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

Description of Violation

Resident #3's morning medications were observed in a cup in their room on [REDACTED]. As per interviews, the medications were left in the resident's room and staff did not watch the resident take the medications.

Resident #3 reported that sometimes staff bring medications that she/he does not believe she takes. A cup containing 15 pills was seen in the resident's room containing medications that were left by staff that she/he did not take. as she /he believed they were not theirs. 10 of the pills were identified as the resident's, however the other 5 were not. The

182c Medication Administration (continued)

resident does not self administer any medications.

Plan of Correction

Accept () - 07/16/2024)

The Administrator immediately removed the medications on 5/16/24. Daily walk throughs will be conducted by Administrator and/or Administrative Assistant beginning on 5/20/24 and will continue. Documentation of walk throughs will be sent weekly to Regional Director and Assistant Director to oversee and ensure that compliance is being maintained. All medtechs were scheduled supervised med passes by train the trainer on 6/1, 6/2, 6/5, 6/17, and 7/3/24.

Please see attachment titled, GH med tech requalification.

Please see attachment titled, GH daily walk throughs June and July

This POC is complete.

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented () - 08/14/2024)

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

3 unlocked medications from resident #3 morning medications were found in a pill cup in their room along with 15 pills in another cup from prior undetermined dates. The resident's room was unlocked.

Plan of Correction

Accept () - 07/16/2024)

Medications were immediately removed by the Administrator while inspector still on site on 5/16/24. The Administrator and/or Administrative assistant will conduct daily walk throughs beginning 5/20/24, will talk with various residents to ensure that medications are not being left behind, and will submit documentation of walk throughs weekly to Director and Assistant Director to oversee and ensure that compliance is being maintained. Weekend walk throughs will be conducted by the dayshift medtech while on the phone with whoever is on call that weekend beginning 7/20/24. The Administrator and Administrative assistant alternate on call. All medtechs were scheduled supervised medpasses individually with the train the trainer on 6/1, 6/2, 6/5, 6/17, and 7/3.

Please see attachment titled, GH daily walk throughs June and July.

Please see attachment titled, GH medtech requalification

This POC is complete.

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented () - 08/14/2024)

184a - Resident's Meds Labeled

12. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #1 has a prescription for [REDACTED]. The Medication Administration Record notes to take 2 caps by mouth twice daily however the medication label states to take 1 capsule by mouth twice daily as needed. The medication administration record is correct.

Plan of Correction

Accept [REDACTED] - 07/16/2024)

The label was corrected on 5/16/24 by the administrative assistant while inspector was still on site and approved it. Med carts will be conducted at least once monthly by the administrator and/or administrative assistant to ensure that compliance is being maintained and any necessary corrections are made. All medications brought in by family must be given to the Administrator and/or Administrative Assistant to ensure that all medications are labeled correctly prior to putting them in the med cart. Please see attachment titled, GH-med cart audits.

This POC is completed.

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented [REDACTED] - 08/14/2024)

185a - Implement Storage Procedures

13. 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 had a PRN prescription for [REDACTED]. The medication was not in the cart at the time of inspection.

Plan of Correction

Accept [REDACTED] - 07/16/2024)

The [REDACTED] was immediately ordered from the pharmacy on [REDACTED] while inspectors still on site by the Administrator. It was delivered on 5/16/24. The administrator along with the administrative assistant will conduct weekly cart audits beginning 5/23/24 to ensure that compliance is being maintained. Documentation of audits will also be sent to Director and Assistant Director to ensure that compliance will be maintained.

Please see attachment titled, GH-med cart audits

Please see attachment titled, [REDACTED]

Please see attachment titled, [REDACTED]

This POC is complete.

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented [REDACTED] - 08/14/2024)

187b - Date/Time of Medication Admin.

14. Requirements

2600.

187b - Date/Time of Medication Admin. (continued)

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

The morning Medications for Resident #3 on [REDACTED] were found in a cup in the resident's room. The Medications Administration Record was initialed to indicate the medications were administered however the medications were not taken by the resident.

Plan of Correction

Accept [REDACTED] - 07/17/2024)

Medications were immediately removed by the Administrator while inspector still on site on [REDACTED]. The Administrator and/or administrative assistant will conduct daily walk throughs beginning [REDACTED], will communicate with various residents to ensure medications are being administered correctly, and will submit documentation of walk throughs weekly to Director and Assistant Director to oversee and ensure that compliance is being maintained. Weekend walk throughs will be conducted by the dayshift medtech while on the phone with whoever is on-call that weekend beginning 7/20/24. On-call is alternated by the Administrator and Administrative Assistant. All medtechs were individually supervised on a med pass by the Train the trainer on [REDACTED]. Please see attachment titled, GH-daily walk throughs June and July. Please see attachment titled, GH-medtech requalifications. This POC is complete.

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented [REDACTED] - 08/14/2024)

187d - Follow Prescriber's Orders**16. Requirements**

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident #1 missed their medication administrations of at least 1 medication 28 times from [REDACTED] as the resident was out of the home in the community. The instructions of the resident's provider were not followed, and medications were not sent with the resident nor was a plan put in place to ensure the resident received medications timely.

Plan of Correction

Accept [REDACTED] - 07/17/2024)

An internal policy was implemented on [REDACTED] on proper documentation of medication refusals vs medication errors by the Regional Director of Operations. If a resident is leaving the facility, they must be asked what time they will be returning and check to see what medications are due to be administered. The medications are then to be offered to send out with resident, if able to self-administer or the responsible party. If the resident does not want to take the medication with them to administer, then the facility will document that as a refusal. Policy was sent out on 7/16/24 for all med techs to review and sign. Please see attachment titled-GH-documentation of medication refusal vs error.

187d - Follow Prescriber's Orders (continued)

The Administrator will conduct audits on all MARS along with the Med Cart Audits weekly beginning 5/23/24 to oversee and ensure that compliance is being maintained. Documentation will also be sent to Director and Assistant Director.

Please see attachment titled, GH-physicians orders

This POC is complete.

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented [redacted] - 08/14/2024)

188b - Medication Error Reporting

17. Requirements

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

Description of Violation

Resident #1 missed their medication administrations of at least 1 medication 28 times from [redacted] as the resident was out of the home in the community. Through interviews conducted with staff, the residents primary care provider was not notified of the missed medications.

Plan of Correction

Accept [redacted] - 07/17/2024)

An internal policy was implemented on [redacted] on proper documentation of medication refusals vs medication errors by the Regional Director of Operations. If a resident is leaving the facility, they must be asked what time they will be returning and check to see what medications are due to be administered. The medications are then to be offered to send out with resident, if able to self-administer or the responsible party. If the resident does not want to take the medication with them to administer, then the facility will document that as a refusal. Policy was sent out on 7/16/24 for all med techs to review and sign. Please see attachment titled-GH-documentation of medication refusal vs error.

The administrator will audit all MARS during weekly medcart audits beginning [redacted] to see if any residents are refusing medications to ensure that compliance is being maintained. Administrator will send error reporting to DHS if any refusals are over the 3 days. Documentation will also be sent to the Director and Assistant Director to oversee and ensure that compliance is being maintained.

Please see attachment titled GH-med cart audits

Please see attachment titled GH-physicians orders

This POC is complete.

Proposed Overall Completion Date: 07/11/2024

Effective immediately the Administrator will report all medication errors to the prescriber as required. [redacted]

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented [redacted] - 08/14/2024)

190c - Record of Training

18. Requirements

190c - Record of Training (continued)

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

Staff Member J, does not have a record of valid Medication Administration documentation. The documentation provided does not have the name or signature of the student.

Plan of Correction

Accept (█ - 07/16/2024)

The med tech trainer received documentation after multiple requests from staff member J's other employer on 6/11/24. Please see attachment titled, GH-medtech requalification.

The med tech trainer conducted an audit on all medtech documentation on █ and will continue to audit all documentation quarterly. The Assistant Director beginning █ will have to approve all medtechs to be placed on schedule. The Assistant Director will continue to oversee and ensure that compliance is being maintained. Please see attachment titled, medtech tracker audit

This POC is complete.

Licensee's Proposed Overall Completion Date: 07/11/2024

Implemented (█ - 08/14/2024)