

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 07/18/2024 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

Name: [Redacted] Phone: [Redacted] Email: [Redacted]

Legal Entity

Name: RURAL LIVING INC
Address: [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: 30 Waking Staff: 23

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
Reason: Complaint, Interim Exit Conference Date: 07/18/2024

Inspection Dates and Department Representative

07/18/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 47 Residents Served: 29

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 0

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 28
Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

07/18/2024 Partial

Lead Inspector: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 08/11/2024

08/12/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 08/13/2024
Reviewer: [Redacted] Follow-Up Type: Document Submission Follow-Up Date: 08/14/2024

Inspections / Reviews *(continued)*

08/14/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 08/13/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

51 - Criminal Background Check

1. 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]
- Staff Member B- Date of Hire [REDACTED] Criminal Background Check requested [REDACTED]
- Staff Member C- Date of Hire [REDACTED] Criminal Background Check requested [REDACTED]

Plan of Correction

Accept ([REDACTED] - 08/12/2024)

Staff member A,B, and C were not scheduled on the floor until after the background checks returned, but effective immediately on 7/18/24, the HR director or whoever does the paperwork on the date of hire will run the background check on the date of paperwork or date of hire. The HR director will fill out the new hire form created and implemented prior. The HR director will monitor to ensure that compliance is being maintained for all future hires. Please see attachment titled GH-new hire form.

This POC is completed.

Licensee's Proposed Overall Completion Date: 08/11/2024

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

62 - Contact List

2. 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 7/1/24 – 7/13/24 schedule review, it was determined that Staff Member D, Staff Member E, and Staff Member F were not listed on the staff contact list given to the licensing representatives, however were all employed by the home.

Plan of Correction

Accept ([REDACTED] - 08/12/2024)

Staff member D, E, and F were not employees that worked at that building fulltime and were just covering. Their main building was one of the others within the community. After discussion with the inspectors on site, it was determined as a whole on 7/18/24 that contact lists for all 5 buildings will be presented to the inspectors so that all of the contacts will be readily available, since there is more than one home in the community. Staff only cover other buildings if there is no other option. This POC is complete and was resolved day of inspection on 7/18/24.

Licensee's Proposed Overall Completion Date: 08/11/2024

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

91 - Telephone Numbers

3. 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 dining room telephone did not have the required telephone numbers posted on or near the phone

Plan of Correction

Accept ([redacted]) - 08/12/2024)

The required numbers were immediately posted while inspectors still on site on 7/18/24. On 7/24/24 the administrator of placed adhesive labels with the required emergency numbers on all the phones in the building to prevent any residents being able to remove a sign. The signs hung above will also be remaining in place. The administrator and/or administrative assistant will do daily building walk throughs to ensure all signs and labels are on the phones to ensure that compliance is being maintained. Please see attachment titled, GH-emergency phone labels. This POC is complete.

Licensee's Proposed Overall Completion Date: 08/11/2024

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

121a - Unobstructed Egress

4. 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 to the home's activity room would not open freely when pushed. When force was applied the door would not open, and the assistance of staff was needed to open the door.

The gate in the patio area outside which exits from the home's music room was locked and could not be opened.

Plan of Correction

Accept ([redacted]) - 08/12/2024)

The door to the activity room was opened on 7/18/24 while inspector still on site. The key got stuck in the door and jammed it. Maintenance to add opening all doors to exits throughout all the building starting week of 7/19/24 to weekly checks. The administrator and/or administrative assistant will check doors on their daily walk throughs to ensure that all doors are unobstructed to ensure that compliance is being maintained. Please see attachment titled GH-activity door 1 and GH-activity door 2.

The door leading out to the patio area outside has not been utilized as an exit in the past. It is unsure how the previous sign was removed. A not an exit sign was immediately placed while inspectors were still on site on 7/18/24. Maintenance has added check all exits and areas considered non exits on their weekly checks beginning week of 7/24/24. The administrator and/or administrative assistant to conduct daily walk throughs to ensure that compliance is being maintained. The Regional Director and Assistant Director will do weekly walk throughs, and they did begin on 7/18/24. Please see attachment titled, GH-not an exit.

This POC is complete.

121a - Unobstructed Egress (continued)

Licensee's Proposed Overall Completion Date: 08/11/2024

Implemented [REDACTED] - 08/14/2024)

187d - Follow Prescriber's Orders

5. Requirements

2600.

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

Description of Violation

Resident #1 has an order for [REDACTED] tablets. The resident has orders to hold the medication if the resident's pulse is less than [REDACTED]. The resident's pulse was less than [REDACTED] or [REDACTED] however, the medication was administered.

Plan of Correction

Accept [REDACTED] - 08/12/2024)

The administrator of the building sent a medication error report to DHS on [REDACTED] while inspectors still on-site reporting errors found during an inspection. The med tech who was signing these off and not administering them properly has been removed from medications effective [REDACTED]. [REDACTED] has been educated numerous times and has still not been compliant with some requirements. The Regional Director has been checking on the parameters daily, beginning 7/19/24 for 1 week and then weekly to ensure that all medications are being given, as ordered and by parameter. Any new med tech will be made aware of any parameter orders in the building that are ordered. The administrator will continue to monitor to ensure that compliance is being maintained.

This POC is complete.

Licensee's Proposed Overall Completion Date: 08/11/2024

Implemented [REDACTED] - 08/14/2024)