



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **EM RURAL LIVING LLC**

LEGAL ENTITY

To operate **THE WYNWOOD HOUSE AT NITTANY VALLEY**

NAME OF FACILITY OR AGENCY

Located at **294 DISCOVERY DRIVE, BOALSBURG, PA 16827**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **40**

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **September 26, 2024** until **September 26, 2025**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **232240**


ISSUING OFFICER


DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

Emailing Date: September 26, 2024

[REDACTED]
Owner
EM Rural Living LLC
[REDACTED]

RE: The Wynwood House at Nittany Valley
294 Discovery Drive
Boalsburg, Pennsylvania 16827
License #: 232240

Dear [REDACTED]:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on August 14, 2024 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed,

Sincerely,

A handwritten signature in black ink that reads "Juliet Marsala". The signature is written in a cursive style with a large initial 'J'.

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Facility Information

Name: WYNWOOD HOUSE AT NITTANY VALLEY License #: 232240 License Expiration:
 Address: 294 DISCOVERY DRIVE, BOALSBURG, PA 16827
 County: CENTRE Region: NORTHEAST

Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

Legal Entity

Name: EM RURAL LIVING LLC
 Address: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: I-2 Date: 12/16/2015 Issued By: Centre Region code Administration

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 34 Waking Staff: 26

Inspection Information

Type: Partial Notice: Announced BHA Docket #:
 Reason: Change Legal Entity Exit Conference Date: 08/14/2024

Inspection Dates and Department Representative

08/14/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: Residents Served: 32

Secured Dementia Care Unit

In Home: No Area: Capacity: Residents Served:

Hospice

Current Residents: 2

Number of Residents Who:

Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 32
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 2 Have Physical Disability: 0

Inspections / Reviews

08/14/2024 - Partial

Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/08/2024

09/06/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 09/06/2024
 Reviewer: [REDACTED] Follow-Up Type: Document Submission Follow-Up Date: 09/10/2024

Inspections / Reviews *(continued)*

09/13/2024 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/06/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

103f - Refrigerator/Freezer Temps

1. Requirements

2600.

103.f. Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

Description of Violation

The freezer in the kitchen area had a temperature of 12 degrees at 0945 and 1010.

Plan of Correction

Accept (█) - 09/06/2024)

The Director of Food Services was assisting in putting food items away on morning of 8/14/24 and door to freezer was open. No food items appeared to be thawed out or appeared to be beginning to thaw out. The administrator inserted a new thermometer on 8/14/24 while inspectors still on sight. Cooks to continue to document the freezer temp daily as they have been. The food service director will check temps weekly when in the building beginning 8/14/05 to make sure that temps are being recorded and to ensure that compliance is being maintained. Please see attachment titled NV-freezer temps august and NV-freezer thermometer and NV-weekly kitchen checks

This POC is complete.

Licensee's Proposed Overall Completion Date: 09/05/2024

Update: 09/06/2024

Reviewed audits

Evidence of Completion

Implemented (█) - 09/13/2024)

This POC complete

103i - Outdated Food

2. Requirements

2600.

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

Description of Violation

There was a dented can of cream of mushroom soup found in the pantry of the home's kitchen.

Plan of Correction

Accept (█) - 09/06/2024)

The dented can of cream of mushroom soup was immediately removed by the food service director on 8/14/24 and disposed of while inspectors were still on site. A memo was placed in the kitchen to remind all cooks and staff that any dented cans are to be removed from the shelf and given to the administrator. The Food Service Director will be at the building and check for any dented cans weekly, beginning 8/14/24 and will continue to monitor to ensure that compliance is being maintained. Please see attachment titled-NV-dented can memo and NV-weekly kitchen checks

This POC is complete.

Licensee's Proposed Overall Completion Date: 09/05/2024

Update: 09/06/2024

Reviewed audits

Evidence of Completion

Implemented (█) - 09/13/2024)

This POC complete

125a - Combustible Storage

3. Requirements

2600.

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

Description of Violation

In hallway #1 the closet that houses the natural gas hot water heater, there were cardboard boxes directly in front of where the natural gas lines enter the closet and less than 6 inches from the hot water heater, creating a fire hazard.

Plan of Correction

Accept () - 09/06/2024

The maintenance director immediately removed the cardboard boxes while inspectors were still on-site on 8/14/24. The maintenance director will add checking closet with water heater to the weekly checks they do beginning week of 8/19/24 to ensure that compliance is being maintained. Please see attachment titled NV-maintenance weekly checks August and NV-weekly maintenance checks September.

This POC is complete.

Licensee's Proposed Overall Completion Date: 09/05/2024

Update: 09/06/2024

Reviewed audits

Evidence of Completion

Implemented () - 09/13/2024

This POC complete

183c - Refrigerated Meds Locked

4. Requirements

2600.

183.c. Prescription medications, OTC medications and CAM stored in a refrigerator shall be kept in an area or container that is locked.

Description of Violation

During the physical site inspection the home's medication room door was found unlocked and propped open. No staff were present in the room. In the medication room there was a small, unlocked refrigerator containing bags of unopened Lantus and Tresiba insulin pens belonging to residents #1, #2, and #3. The insulin pens were not stored in an area or refrigerator that was locked.

Plan of Correction

Accept () - 09/06/2024

The Administrator closed the medication room door, which has a coded lock on it while inspectors were still on site. The administrator educated all staff on 8/16/24 and placed a memo was placed on the door as a reminder to staff to shut the medication room when no staff is present. The administrator of the building will monitor to ensure that compliance is being maintained. Please see attachment titled NV-med room memo and NV-med room training 8-16

This POC is complete.

Licensee's Proposed Overall Completion Date: 09/05/2024

Update: 09/06/2024

Reviewed training

Please attach memo that notes door is to be locked at all times and picture

Evidence of Completion

Implemented () - 09/13/2024

Please see attachment titled NV-med room locked posted

183c - Refrigerated Meds Locked (*continued*)

254a - Records Discharge/Active

5. Requirements

2600.

254.a. Records of active and discharged residents shall be maintained in a confidential manner, which prevents unauthorized access.

Description of Violation

During the physical site inspection the home's medication room door was found unlocked and propped open with no staff present in the room. Along the back wall resident records were stored on a shelf. Resident records were not stored in a manner which prevented unauthorized access.

Plan of Correction**Accept (█ - 09/06/2024)**

The Administrator closed the medication room door, which has a coded lock on it while inspectors were still on site. The administrator educated all staff on 8/16/24 and placed a memo was placed on the door as a reminder to staff to shut the medication room when no staff is present. The administrator of the building will monitor to ensure that compliance is being maintained. Please see attachment titled NV-med room memo and NV-med room training 8-16 This POC is complete.

Licensee's Proposed Overall Completion Date: 09/05/2024

Update: 09/06/2024

Reviewed training

Please attach memo that notes door is to be locked at all times and picture

Evidence of Completion**Implemented (█ - 09/13/2024)**

Please see attachment titled NV-med room locked posted