

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

September 4, 2024

[REDACTED], OWNER  
EM RURAL LIVING LLC  
[REDACTED]

RE: WYNWOOD HOUSE AT STATE  
COLLEGE  
2350 BERNEL ROAD  
STATE COLLEGE, PA, 16803  
LICENSE/COC#: 23225

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/14/2024 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 STATE COLLEGE      **License #:** 23225      **License Expiration:**  
**Address:** 2350 BERNEL ROAD, STATE COLLEGE, PA 16803  
**County:** CENTRE      **Region:** NORTHEAST

## Administrator

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

## Legal Entity

**Name:** EM RURAL LIVING LLC

**Address:** [REDACTED]  
[REDACTED]

## Certificate(s) of Occupancy

**Type:** I-2      **Date:** 07/30/2020      **Issued By:** Centre Region Code

## Staffing Hours

**Resident Support Staff:** 0      **Total Daily Staff:** 47      **Waking Staff:** 35

## 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:** 41

## Secured Dementia Care Unit

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

## Hospice

**Current Residents:** 4

## Number of Residents Who:

**Receive Supplemental Security Income:** 0      **Are 60 Years of Age or Older:** 41  
**Diagnosed with Mental Illness:** 0      **Diagnosed with Intellectual Disability:** 0  
**Have Mobility Need:** 6      **Have Physical Disability:** 0

## Inspections / Reviews

08/14/2024 Partial

**Lead Inspector:** [REDACTED]      **Follow-Up Type:** POC Submission      **Follow-Up Date:** 09/01/2024

09/04/2024 - POC Submission

**Submitted By:** [REDACTED]      **Date Submitted:** 09/04/2024  
**Reviewer:** [REDACTED]      **Follow-Up Type:** Bypass Document Submission

Inspections / Reviews *(continued)*

09/04/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/04/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

**96a - First Aid Kit****1. 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.

**Description of Violation**

*The first aid kit stored in the medication room did not contain a thermometer.*

**Plan of Correction**

**Accept** [REDACTED] - 09/04/2024)

*The Administrator of the building immediately placed a thermometer in the first aid kit on 8/14/24 while inspectors were still on site. The Administrator and/or Administrative Assistant will check the first aid kit monthly to ensure that all required items are present to ensure that compliance is being maintained. The sign off will begin the month of September. Please see attachment titled SC-first aid and SC-first aid monthly sign off.*

*This POC is complete.*

**Licensee's Proposed Overall Completion Date:** 09/03/2024

**Implemented** [REDACTED] 09/04/2024)