



**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 GREEN HILLS**  
NAME OF FACILITY OR AGENCY

Located at **301 FARMSTEAD LANE, STATE COLLEGE, PA 16803**  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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 **45**  
(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 **October 25, 2024** until **October 25, 2025**,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **232270**

*Janette Biderup*  
ISSUING OFFICER

*Juliet Marsala*  
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: October 25, 2024

[REDACTED]  
Owner  
EM Rural Living LLC  
[REDACTED]

RE: The Wynwood House at Greenhills  
301 Farmstead Lane  
State College, Pennsylvania 16803  
License #: 232270

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on August 22, 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, flowing style.

Juliet Marsala  
Deputy Secretary  
Office of Long-term Living

Enclosures  
License  
Licensing Inspection Summary

Facility Information

Name: WYNWOOD HOUSE AT GREEN HILLS License #: 23227 License Expiration:
Address: 301 Farmstead Lane, State College, PA 16803
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: C-2 LP Date: 04/03/1997 Issued By: PA L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 30 Waking Staff: 23

Inspection Information

Type: Full Notice: Announced BHA Docket #:
Reason: Incident, Change Legal Entity Exit Conference Date: 08/22/2024

Inspection Dates and Department Representative

08/22/2024 - On-Site: [Redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 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: 2
Have Mobility Need: 1 Have Physical Disability: 0

Inspections / Reviews

08/22/2024 - Full

Lead Inspector: [Redacted]s Follow-Up Type: POC Submission Follow-Up Date: 09/19/2024

09/25/2024 - POC Submission

Submitted By: [Redacted] Date Submitted: 10/02/2024
Reviewer: [Redacted] Follow-Up Type: POC Submission Follow-Up Date: 10/02/2024

Inspections / Reviews (*continued*)

10/02/2024 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2024

Reviewer: [REDACTED]

Follow-Up Type: *Bypass Document  
Submission*

10/02/2024 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/02/2024

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

## 121a - Unobstructed Egress

## 1. 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

*Excessive force was needed to open the rear center exit door.*

## Plan of Correction

Accept (█ - 09/23/2024)

*The maintenance director immediately adjusted the door on 8/22/24 so that it would close properly and without excessive force. The Administrator and/or the Administrative Assistant will conduct daily walk throughs all throughout the building and will check all doors to ensure that they are opening and closing easily, and that compliance is being maintained. Please see attachment titled GH daily walk throughs August and September.*

*This POC is complete.*

Licensee's Proposed Overall Completion Date: 09/18/2024

## Bypass Document Submission

Implemented (█ - 10/02/2024)

## 182c - Medication Administration

## 2. Requirements

2600.

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

5. Place the medication in a medication cup or other appropriate container, or in the resident's hand.

## Description of Violation

*On 8/22/24, Staff A did not follow proper medication administration procedures when staff A placed the medication on resident #1's table instead of in their hand.*

## Plan of Correction

Accept (█ - 09/23/2024)

*Staff A did talk to the inspector on-site on 8/22/24 and admitted to leaving medication still in the container by the bed. █ was educated immediately by the administrator on 8/22/24 and was put on a probation period for 1 month and would be removed from medications if any other issues arise. The administrator and/or administrative assistant will conduct daily walk throughs and talk with residents to ensure that no medications will be left in rooms, even at the residents' request to ensure that compliance is being maintained. Please see attachment titled GH-walk throughs August and September and GH-med tech statement 8/22/24, and GH-med tech follow up 9-18-24.*

*This POC is complete.*

Licensee's Proposed Overall Completion Date: 09/18/2024

## Bypass Document Submission

Implemented (█ - 10/02/2024)

## 187c - Refusal of Medication

## 3. Requirements

2600.

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.

187c - Refusal of Medication (continued)

**Description of Violation**

The medication administration record for resident #2 indicates the resident refused medication on 7-16-24, 7-17-24, and 7-18-24. The resident's Documentation of Medical Evaluation has an order to contact the physician if resident refuses 3 days in a row. The home did not have documentation that physician was contacted.

**Plan of Correction**

**Do Not Accept (█ - 09/25/2024)**

Resident #2 is known for refusing medications frequently and an acknowledgment order was signed by the PCP on 8/30/22. Please see attachment titled GH-med refusal acknowledgement. Administrator did contact MD on 8/22/24 to report dates in July and no new orders obtained. The administrator and/or administrative assistant will monitor to ensure that compliance is being maintained.

This POC is complete.

Licensee's Proposed Overall Completion Date: 09/18/2024

Update: 09/25/2024

The acknowledgement letter from the physician does not indicate that they no longer want to be notified of missed medications.

Please include in plan of correction:

Who is responsible for fixing the problem (title) and what did they do to fix the immediate violation (include date). When you write your immediate solution, it should address who is responsible for fixing the problem and monitoring compliance, what action that person will take, and when that action will happen (include date). The solution needs to be realistic, sustainable, and specific.

What action that person will take to ensure the violation will not occur again, and when that action will happen - (must have date).

The goal of the POC is not only to fix the violation, but make sure there is a sustainable plan in place to keep it from happening again. These long-term solutions should greatly reduce or eliminate the chances of the violation happening again and do it in a manner that is sustainable over time. The POC should detail specific, realistic, actionable steps that keep the violation from happening again.

Who (title) will monitor ongoing compliance?

All POC's at a minimum must include the above information.

**Plan of Correction**

**Accept (█ - 10/02/2024)**

The MD was notified on 8/22/24 by administrator that resident has been refusing medications frequently, in addition to the no contact until after 3 consecutive refusals and the acknowledgement of frequent refusals being signed by MD. MD wrote an order on 9/27/24 to only contact █ if █ refuses █ meds 5 times in a row. The administrator and/or administrative assistant will continue to audit MAR weekly to monitor refusals to oversee and ensure that compliance is being maintained. Family and MD aware and in agreeance with order. Please see attachment titled GH-med refusal order 9-27-24

This POC is complete.

Licensee's Proposed Overall Completion Date: 10/01/2024

**Bypass Document Submission**

**Implemented (█ - 10/02/2024)**

**187d - Follow Prescriber's Orders****4. Requirements**

2600.

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

**Description of Violation**

*Resident # 2's medication administration record documents on 8-5-24 the medication Metoprolol Tart 25mg was administered. The physician's order has a parameter to hold the medication if the SBP is less than 110. The resident's blood pressure check on 8-5-24 was documented as 98/56.*

**Plan of Correction****Accept (█ - 09/25/2024)**

*The administrator assistant reported that on 8-5-24 █ typed in the wrong number and forgot put 98 instead of 198 for systolic blood pressure. Since documentation was that medication was not held an incident report was sent to DHS on 8/22/24 when discovered from inspector on-site for an inspection. The Administrator of the building will conduct daily audits for 1 month beginning 8/22/24 and then weekly on all parameters to ensure that compliance is being maintained. Please see attachment titled gh-parameter audits and gh-metoprolol audits, and GH-metoprolol mar*

*This POC is complete*

**Licensee's Proposed Overall Completion Date: 09/18/2024**

**Bypass Document Submission****Implemented (█ - 10/02/2024)**