

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

November 25, 2024

[REDACTED]
EM RURAL LIVING LLC
[REDACTED]

RE: THE WYNWOOD HOUSE AT STATE
COLLEGE
2360 BERNEL ROAD
STATE COLLEGE, PA, 16803
LICENSE/COC#: 23225

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/08/2024, 10/18/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: THE WYNWOOD HOUSE AT STATE COLLEGE **License #:** 23225 **License Expiration:** 09/16/2025
Address: 2360 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]
Phone: [REDACTED] **Email:** [REDACTED]

Certificate(s) of Occupancy

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

Staffing Hours

Resident Support Staff: 0 **Total Daily Staff:** 48 **Waking Staff:** 36

Inspection Information

Type: Partial **Notice:** Unannounced **BHA Docket #:**
Reason: Complaint, Incident **Exit Conference Date:** 10/18/2024

Inspection Dates and Department Representative

10/08/2024 - Off-Site [REDACTED]
10/18/2024 - Off-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
License Capacity: 60 **Residents Served:** 41
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:** 41
Diagnosed with Mental Illness: 0 **Diagnosed with Intellectual Disability:** 0
Have Mobility Need: 7 **Have Physical Disability:** 0

Inspections / Reviews

10/08/2024 Partial
Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 11/10/2024

Inspections / Reviews *(continued)*

11/25/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/25/2024

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document Submission*

11/25/2024 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/25/2024

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

15a Resident Abuse Report

1. Requirements

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701 10225.707) and 6 Pa. Code § 15.21 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On [redacted] at approximately 8:00am, Resident [redacted] was seated in their wheelchair in the common area near the dining room, waiting for breakfast. Resident [redacted] reported that Resident [redacted] approached them suddenly and grabbed their private area. Resident [redacted] then swatted Resident [redacted] away with their arm, but Resident [redacted] then tried to put their hand down the back of Resident [redacted] pants. Resident [redacted] screamed for help, and a Staff Person "A" came out of the office area and moved Resident [redacted] away from Resident [redacted]. The home failed to submit an Act 13 Report to the Centre Co. Area Agency on Agency after notifying them verbally of the incident.

Plan of Correction

Accept [redacted] - 11/12/2024)

The administration of the home immediately notified the Area on Aging Agency to report an incident that occurred on 9/23/24. All appropriate agencies were notified by the home, 2-hour checks were immediately initiated, and phone calls were made to physicians to report the incident and ask for guidance and/or adjustments to medications as resident does have a diagnosis of dementia. The home did everything that was required as mandated reporters but failed to fill out an Act 13 form. The Area on Agency did not request any form and was asked by administration if anything else was needed and the agency reported they had all the information they needed. The Administrator and/or Administrative Assistant will include the Act 13 form to any alleged reports of abuse in the future. They will continue to report any allegations to the appropriate agencies as they have in this allegation. The Administrator will continue to monitor and oversee to ensure that compliance is being maintained.

This POC is complete.

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

Implemented [redacted] - 11/25/2024)

42b Abuse

2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

Description of Violation

On [redacted] at approximately 8:00am, Resident [redacted] was seated in their wheelchair in the common area near the dining room, waiting for breakfast. Resident [redacted] reported that Resident [redacted] approached them suddenly and grabbed their private area. Resident [redacted] then swatted Resident # [redacted] away with their arm but Resident [redacted] then tried to put their hand down the back of Resident [redacted] pants. Resident [redacted] screamed for help, and Staff Person "A" came out of the office area and moved Resident [redacted] away from Resident [redacted]. When staff and residents were interviewed, they confirmed that Resident [redacted], who is diagnosed with [redacted], frequently approaches them asking for a hug or if [redacted] can kiss them.

Plan of Correction

Accept [redacted] - 11/12/2024)

The Administrator of the building was working on the floor and assisting on 9/23/24 and immediately intervened with alleged allegation and did not see anything that was reported. Administrator stated that resident [redacted] did not give the same description as above. The report to the Administrator was that resident# [redacted] rubbed [redacted] hand against

42b Abuse (continued)

the side of [REDACTED] chest and felt it needed to be reported. 2hr checks were immediately put in place on 9/23/24. Phone calls were made to geri psych to report incident and med changes were advised. On 9/23/24 There were adjustments made to [REDACTED] order. 9/24/24 [REDACTED] was ordered, and [REDACTED] was initiated. Resident # [REDACTED] discharged from facility on 9/26/24 as it was a short term stay and leaving had nothing to do with alleged incident. Resident [REDACTED] was monitored closely due to the med adjustments and although no other incidents occurred, the home, the family, and the psych team felt it was in the resident's best interest to be referred to a more secured place. A referral was made to Bright Horizons on 10/14/24 and resident was accepted and transferred over to Bright Horizons on 10/16/24. The plan of correction is resident will not be returning to the PCH setting. The team has tried different interventions, and it was agreed that resident would no longer be appropriate after in depth discussion with facility team, family, and MD group. The Administrator and/or Administrative Assistant will continue to immediately put plans into place if any future incidents occur and will discuss options with family and the MD and report incidents to the appropriate agencies as they were to ensure that proper compliance is being maintained.

Please see attachment titled SC Seroquel increase

Please see attachment titled SC physicians med sheet

This POC is complete.

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

Implemented [REDACTED] - 11/25/2024)

227d - Support Plan Medical/Dental**3. Requirements**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident [REDACTED] Resident Assessment and Support Plan dated 10/1/24 was not updated to indicate their inappropriate behaviors toward residents and staff or that they are exit seeking.

Plan of Correction

Accept [REDACTED] - 11/12/2024)

The Resident Assessment and Support Plan dated 10/1/24 did include that 2 hour checks were initiated on 9/23/24. The 2 hour check forms stated on the top that staff were to do write down exactly what they observed from resident. The checks were initiated due to an alleged incident, not a recurring behavior and the checks were also to observe any changes due to medication adjustments. 2 hour checks were on the RASP on page 11. Resident [REDACTED] was already transferred to a more secure place by the time this was mentioned to facility on 10/18/24. Administrator could not update the RASP, as resident was no longer in the facility. The Administrator and/or Administrative Assistant moving forward will continue to put on RASP when 2 hour checks will occur and in addition to that, will ensure that a detailed reasoning is included to ensure that compliance is being maintained.

Please see attachment and note the description on top of the check page titled SC 2 hr checks

Please see attachment titled SC DD Rasp

227d Support Plan Medical/Dental (continued)

This POC is complete

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

Implemented [REDACTED] - 11/25/2024)