



pennsylvania
DEPARTMENT OF HUMAN SERVICES

[REDACTED]
CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MARCH 28, 2025

[REDACTED]
EM Rural Living LLC
[REDACTED]

RE: The Wynwood House At State College
2360 Bernel Road
State College, PA
16803 LIC# 232251

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) licensing inspections on November 19, 2024, and January 8, 2025, of the above facility, the violations specified on the enclosed Licensing Inspection Summary (LIS) were found.

Based on violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), the Department hereby REVOKES your certificate of compliance (license number 202090) dated September 16, 2024, to September 16, 2025 and issues you a FIRST PROVISIONAL license to operate the above facility. A FIRST PROVISIONAL license is being based on the violations attached to this notice. The license dated September 16, 2024 to September 16, 2025 is NOT reinstated upon expiration of this FIRST PROVISIONAL license. This decision is made pursuant to 62 P.S. § 1026 (b)(1);(4) and 55 Pa. Code § 20.71(a)(2); (3); (4); (5); (6) (relating to conditions for denial, nonrenewal or revocation). Your FIRST PROVISIONAL license is enclosed and is valid from March 28, 2025 to September 28, 2025.

All violations specified on the LIS must be corrected by the dates specified on the report and continued compliance with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), must be maintained. Failure to implement the plan of correction or failure to maintain compliance may result in a revocation of the license.

If you disagree with the decision to issue a PROVISIONAL license, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35. If you decide to appeal your PROVISIONAL license, a written request for an appeal must be received within 10 days of the date of this letter by:

[REDACTED]
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
PH: 717-265-8942

This decision is final 11 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosure
Licensing Inspection Summary

cc:

[REDACTED]

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

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]

Legal Entity

Name: *EM RURAL LIVING LLC*
Address: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *06/08/2018* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *41* Waking Staff: *31*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
Reason: *Renewal* Exit Conference Date: *11/19/2024*

Inspection Dates and Department Representative

11/19/2024 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* Residents Served: *38*

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: *38*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *3* Have Physical Disability: *0*

Inspections / Reviews

11/19/2024 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *12/07/2024*

Inspections / Reviews (*continued*)

12/09/2024 - POC Submission

Submitted By: [REDACTED] Date Submitted: 03/10/2025
Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 12/14/2024

03/10/2025 - POC Submission

Submitted By: [REDACTED]k Date Submitted: 03/10/2025
Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

03/18/2025 - Bypass Document Submission

Submitted By: [REDACTED] Date Submitted: 03/10/2025
Reviewer: [REDACTED] Follow-Up Type: Enforcement

85a - Sanitary Conditions

3. Requirements

2600.
85.a. Sanitary conditions shall be maintained.

Description of Violation

The floors in the common shower rooms in the Beaver Hallway were dirty and a large piece of rolled up toilet paper was observed on one of the floors.

Plan of Correction

Accept [REDACTED] /09/2024)

The Administrator of the building had a staff member clean the shower room on Beaver Hallway on 11/19/24. The Administrator and/or administrative assistant will do checks on the showers 3 times weekly, beginning week of 11/25/24 to ensure that compliance is being maintained. Please see attachment titled SC-shower audits.

This POC is complete.

Licensee's Proposed Overall Completion Date: 12/06/2024

Not Implemented [REDACTED] - 03/10/2025)

88a - Surfaces

5. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

The carpet outside of the two shower rooms located in Beaver Hall was worn and warped and created raised bumps along the thresholds that presented a tripping hazard to residents using walkers and other ambulatory assistive devices.

Plan of Correction

Accept [REDACTED] - 12/09/2024)

The Administrator put in a maintenance request on 11/20/24 to have the carpeting looked at. there has been no falls and/or injuries reported or observed due to carpeting. [REDACTED] was out to building on 12/4/24 and is to give a quote to replace carpeting in front of the shower and replace with vinyl flooring. A picture of the replaced flooring will be sent, once completed.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [REDACTED] - 03/10/2025)

121a - Unobstructed Egress

10. 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 exit door in the dining area that leads to an outdoor patio with chairs had a sign posted on it that stated "Not an Exit". The door is used by residents to sit outside on the patio which is not enclosed. The exit door was incorrectly labeled as "Not an Exit".

121a - Unobstructed Egress (continued)

Plan of Correction

Accept (█) - 12/18/2024)

The Administrator spoke to fire expert on 12/10/25 and the expert left it up to the discretion of the home to decide if that should be used as an exit or not, as there are enough exits. Due to the sidewalk not connecting to the patio area, the home will not utilize as an exit in an effort to prevent any falls and/or injuries. The not an exit sign will be reapplied to door. Maintenance will continue to do weekly checks to ensure that sign is up and to oversee and ensure that compliance is being maintained. The administrator shall contact local code enforcement officer and obtain a letter indicating if the door can be blocked and labeled not an exit. Only code enforcement can make this determination and therefore, a letter is needed. The sign, "not an exit" shall be removed from the door and the door shall be used as an exit. 3/18/25-MM

This POC is complete.

Licensee's Proposed Overall Completion Date: 12/13/2024

132h - Designated Meeting Place

12. Requirements

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

The home's annual fire safety inspection letter dated 8/1/24 indicates that the home does not have fire safe areas. According to the home's administrator, the home has fire safe doors that close when the fire alarm is activated, and therefore residents are not evacuated to the exterior of the home during fire drills. Fire drills were conducted on the following dates and times:

9/10/24 at 10:24am and 10/16/24 at 6:42pm.

Plan of Correction

Accept (█) - 12/18/2024)

During the monthly fire drills performed by the Administrator and/or administrative assistant and all residents will continue to be evacuated to the exterior of the home during all fire drills. The fire expert who performs the supervised fire drill annually will include the fire doors on the required form to ensure that compliance is maintained. The Administrator and/or administrative assistant will oversee to ensure that compliance is maintained.

This POC is complete.

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented (█) - 03/10/2025)

144c1 - Smoking Area Guidelines

13. Requirements

2600.

144.c. A home that permits smoking inside or outside of the home shall develop and implement written fire safety policy and procedures that include the following:

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

of Violation

ished cigarette butts were observed on the ground outside of the exit door located near the home's om.

144c1 - Smoking Area Guidelines (continued)

Plan of Correction

Accept [redacted] - 12/09/2024)

*The extinguished cigarette butts were disposed properly by maintenance staff on 11/19/24. There is no smoking in front of the building, and it is unsure when visitors throw butts out. The maintenance staff does weekly rounds and does their best to ensure no butts are laying around. In addition to the weekly rounds, a sign was placed out front with an approved cigarette butt disposal to remind all staff and visitors that no smoking is allowed, and all butts are to be disposed properly on 12/2/24. The maintenance, along with the Administrator will continue to monitor to ensure compliance is being maintained,
Please see attachment titled SC-cigarette butt disposal*

This POC is complete.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [redacted] - 03/10/2025)

162c - Menus Posted

14. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

The home did not have the current week's menu or the following week's menu posted. The menus that were posted were for the two previous weeks.

Plan of Correction

Accept [redacted] - 12/09/2024)

The home did not switch the one menu, and it was on the current week when inspectors were on-site. The Director of Food Services did put up the correct 2 weeks on 11/19/24. The plan of correction is that the Director of Food Services will now make sure that a month's worth of menus is up and posted so that there is at least 2 weeks up and to ensure that compliance is being maintained.

This POC is complete.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [redacted] - 03/10/2025)

183a - Original Containers and Injections

16. Requirements

2600.

183.a. Prescription medications, OTC medications and CAM shall be kept in their original labeled containers and may not be removed more than 2 hours in advance of the scheduled administration. Assistance with insulin and epinephrine injections and sterile liquids shall be provided immediately upon removal of the medication from its container.

Description of Violation

Staff person C was interviewed regarding medications that are given to family members when residents leave the facility with family members. Staff person C indicated the medications are placed in a small bag with the orders written in marker on the bag.

183a - Original Containers and Injections (continued)

Plan of Correction

Accept [redacted] - 12/18/2024)

Residents' families are given all the cards with medications in them in their original containers, if residents will be gone longer than 2 hours of scheduled administration times. Most residents that leave will only need one dose given and that is typically within the timeframe that medications can be taken out of the container. If residents are out for extended time periods, then all medications are sent in the original containers. The policy is that if a resident will be out with family longer than the 2 hours that medications are not permitted to be removed from containers, that all medication cards as well as, the most current physician orders will be sent with family to administer as ordered and then will be returned when resident returns. The Administrator of the building will oversee to ensure that compliance is being maintained.

Please see attachment titled-SC-medication storage and transportation policy.

This POC is complete.

Licensee's Proposed Overall Completion Date: 12/13/2024

Implemented [redacted] - 03/10/2025)

183e - Storing Medications

17. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

The refrigerator in the medication room used to store unopened insulin pens had a temperature of 50°F when checked twice, 15 minutes apart. Unopened insulin pens are to be stored at temperatures ranging between 36°F and 46°F.

Plan of Correction

Accept [redacted] - 12/09/2024)

The refrigerator was replaced by a new one on 11/25/24. Daily temps are checked by staff each shift daily. The administrator and/or the administrative assistant will check to ensure they are being done daily to ensure that compliance is being maintained.

Please see attachment titled- SC-medication refrigerator

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [redacted] - 03/10/2025)

184a - Resident's Meds Labeled

18. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

- 4. The prescribed dosage and instructions for administration.

Description of Violation

Resident #2 has an order for Lantus insulin, 11 units at bedtime. The pharmacy label for the insulin pen states the order is for 8 units in the morning and at bedtime.

Plan of Correction

Accept [redacted] - 12/09/2024)

The administrator applied a direction changed sticker, refer to chart on 11/19/24, as it was too early to order a new prescription of insulin due to billing. The next batch sent from the pharmacy will have the correct instructions on. The administrator and/or administrative assistant will conduct weekly chart audits for 1 month and then resume

184a - Resident's Meds Labeled (continued)

monthly audits to ensure compliance is being maintained.
Please see attachment titled SC-change of direction sticker
Please see attachment titled SC-med cart audit weekly

This POC is complete.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [redacted] - 03/10/2025)

185a - Implement Storage Procedures

19. Requirements

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #2 has an order for Melatonin 3mg tablets, one tablet at bedtime as needed and an order for Ondansetron 4mg, one tablet every 6 hours as needed. The home did not have these two medications on hand to administer if needed.

Resident #3 has an order to have their blood sugar level (BSL) tested twice daily and is prescribed Lantus Solostar insulin 15 units twice daily. The following BSLs were documented incorrectly on the Medication Administration Record (MAR):

On 11/9/24 at 8am; MAR indicates 123; meter indicates 204.

On 11/15/24 at 8pm; MAR indicates 140; meter indicates 148.

On 11/16/24 at 8am; MAR indicates 114; meter indicates 113.

On 11/17/24 at 8pm; MAR indicates 225; meter indicates 182.

On 11/18/24 at 8pm; MAR indicates 116; meter indicates 183.

Plan of Correction

Accept [redacted] - 12/18/2024)

Melatonin 3mg tablets and the Ondansetron 4mg were discontinued after discussion with resident and [redacted] by building nurse as resident felt [redacted] did not need, nor has [redacted] requested them on 11/20/24.

The libre is not showing the history of the blood sugars, but the blood sugar will show and then disappear. A different glucometer had to be initiated on 11/20/24. The correction was, a new meter was initiated after approved by [redacted]. The administrator and/or administrative assistant will monitor blood sugar readings daily to ensure that the readings are matching on the MAR to the glucometer to ensure that compliance is being maintained.

This POC is complete.

Licensee's Proposed Overall Completion Date: 12/13/2024

Not Implemented ([redacted] - 03/10/2025)

187b - Date/Time of Medication Admin.

20. Requirements

2600.

187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #4 has an order for Nystatin powder, topically to the lower abdomen three times daily. The home did not have this treatment on hand to administer on 11/19/24, however, staff did initial the powder as administered on 11/19/24 at 8am.

Plan of Correction**Accept** [REDACTED] **12/09/2024)**

The nurse of the building did order and received the nystatin powder on 11/19/24. There is a med tech meeting scheduled for 12/11/24 to educate and refresh on items noticed from the inspection. The sign in sheet will be sent when meeting is completed. The administrator and/or administrative assistant will conduct a weekly med cart audit and then monthly to ensure that compliance is being maintained.

Please see attachment titled. SC-med cart audits weekly

Please see attachment titled SC-nystatin

This POC is complete.

Licensee's Proposed Overall Completion Date: 12/06/2024

Implemented [REDACTED] **- 03/10/2025)****187d - Follow Prescriber's Orders****21. Requirements**

2600.

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

Description of Violation

Resident #4 has an order for Nystatin powder, topically to the lower abdomen three times daily. The home did not administer this treatment on 11/19/24 because the Nystatin powder was not available to administer.

Also, resident #4 has an order for Oxycodone HCL 5mg, one tablet every 5 hours as needed. On 11/17/24 the medication was administered at 8:37am and then again at 12:41pm. The medication was administered twice, less than five hours apart on 11/17/24.

Plan of Correction**Accept** [REDACTED] **- 12/09/2024)**

There is a box that can be checked so that med techs have to enter the number of units given and it was not checked to document. The nurse did enable the section that prompted med techs to enter the amount of unites given on 11/19/24. Please see attachment titled [REDACTED] insulin MAR

The nurse ordered nystatin powder on 11/19/24 and it was delivered to facility on 11/19/24. Please see attachment titled [REDACTED]-nystatin.

An incident report was written on 11/19/24 by nurse. MD was notified and family notified. The med tech reports she counted the hours incorrectly, as it was given an hour before ordered.

187d - Follow Prescriber's Orders (continued)

Medtech did have an observation done on 11/27/24 as a refresher and a meeting is scheduled for 12/11/24 with all med techs to go over citations. A sign in sheet and agenda will be sent when completed.

Please see attachment titled [redacted]-med admin 2

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: 12/07/2024

Not Implemented ([redacted] - 03/10/2025)

190a - Completion Medication Course

22. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff person C is trained to pass medications to residents in the home and completed initial medication administration training on 11/3/23. As of 11/19/24 staff person C's annual practicum training was not completed timely because only one medication administration observation had been conducted.

Staff person D is trained to pass medications to residents in the home. Staff person D completed an annual practicum for medication administration training on 11/3/23. As of 11/19/24 staff person D's annual practicum training was not completed timely because only one medication administration observation had been conducted.

Plan of Correction

Accept ([redacted] - 12/18/2024)

Please see attachment titled [redacted] - med admin 1 and attachment titled [redacted]-med admin 2.

The Assistant Regional Director is the one who oversees this to ensure that compliance continues to be maintained.

Please see attachment titled [redacted]-role of trainer.

***The annual practicum anniversary date is 1 year after the Staff qualified to administer medication. The annual practicum is due on or before the annual practicum anniversary date. An Audit shall be completed of all medication training to ensure training is completed timely. 3-18-2024-MM

Licensee's Proposed Overall Completion Date: 12/13/2024

Not Implemented ([redacted] - 03/10/2025)