

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

March 18, 2025

[REDACTED]
EM RURAL LIVING LLC
[REDACTED]

RE: THE WYNWOOD HOUSE AT PENNS
VALLEY
122 WYNWOOD DRIVE
CENTRE HALL, PA, 16828
LICENSE/COC#: 23226

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/29/2025 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 PENNS VALLEY License #: 23226 License Expiration: 09/16/2025
 Address: 122 WYNWOOD DRIVE, CENTRE HALL, PA 16828
 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: 04/25/2005 Issued By: L&I

Staffing Hours

Resident Support Staff: 0 Total Daily Staff: 29 Waking Staff: 22

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Incident Exit Conference Date: 01/29/2025

Inspection Dates and Department Representative

01/29/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 40 Residents Served: 27
 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: 27
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 2 Have Physical Disability: 1

Inspections / Reviews

01/29/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/24/2025

02/26/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/14/2025
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 03/05/2025

Inspections / Reviews *(continued)*

03/04/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2025

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 03/14/2025

03/18/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/14/2025

Reviewer: [REDACTED]

Follow Up Type: Not Required

141b1 - Annual Medical Evaluation

1. Requirements

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident [redacted] most recent annual Documentation of Medical Evaluation was completed on [redacted] Section 7, indicating the ability to self-administer medications was not completed.

Plan of Correction

Directed [redacted] - 03/04/2025)

Regional Director or Assistant regional director will audit all new admissions after DME and RASP are completed. Administrator of facility will audit DME's once they are returned from MD. Effective 1/29/2025. There have not been any admissions since 1/29/2025.
Please see attachment titled-PV-feb dme audit

This POC is complete.

Proposed Overall Completion Date: 03/04/2025

Directed: Regional Director or Assistant regional director will audit all resident DME's to ensure all required information is on the forms. Any incomplete DME's will be updated.

Directed Completion Date: 03/14/2025

Implemented [redacted] - 03/18/2025)

225a - Assessment 15 Days

2. Requirements

2600.
225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

Resident [redacted] wandered from the home into the parking lot. The resident's assessment and support plan was not documented with the safeguards the home put in place to ensure the residents safety.

Plan of Correction

Accept [redacted] - 02/26/2025)

Resident was found in the parking lot due to the safeguards put into place. Resident was on 30 min checks. Notes were posted in the staff room making staff aware resident was to be checked every 30 mins. Staff failed to put it on the RASP. Administrator and administrative assistant will be responsible for updating RASP's effective 1/29/25

Licensee's Proposed Overall Completion Date: 02/21/2025

Implemented [redacted] 03/18/2025)

252 - Record Content

3. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:
23. If the resident dies in the home, a copy of the official death certificate.

252 Record Content (continued)

Description of Violation

Resident [REDACTED] passed away on [REDACTED], Resident [REDACTED] passed away on [REDACTED], and Resident [REDACTED] passed away on [REDACTED]. On [REDACTED] The home did not have death certificates on file.

Plan of Correction

Accept [REDACTED] - 02/26/2025)

Death certificates were obtained. Starting [REDACTED] Administrator will attach all death certificates to charts after being broken down when residents CTB. Since [REDACTED] there has been one death in the facility, Esther Watson. Death certificate is attached.

Licensee's Proposed Overall Completion Date: 02/21/2025

Implemented ([REDACTED] - 03/18/2025)