

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

December 1, 2025

[REDACTED] OWNER
EM RURAL LIVING LLC
[REDACTED]

RE: THE WYNWOOD HOUSE AT GREEN
HILLS
301 FARMSTEAD LANE
STATE COLLEGE, PA, 16803
LICENSE/COC#: 23227

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/08/2025 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 GREEN HILLS* License #: *23227* License Expiration: *10/25/2026*
 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: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *22* Waking Staff: *17*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal, Complaint* Exit Conference Date: *10/08/2025*

Inspection Dates and Department Representative

10/08/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: *45* Residents Served: *21*
 Secured Dementia Care Unit
 In Home: *No* Area: Capacity: Residents Served:
 Hospice
 Current Residents: *4*
 Number of Residents Who:
 Receive Supplemental Security Income: *2* Are 60 Years of Age or Older: *21*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *2*
 Have Mobility Need: *1* Have Physical Disability: *1*

Inspections / Reviews

10/08/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/01/2025*

12/01/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: *12/01/2025*
 Reviewer: [REDACTED] Follow-Up Type: *Bypass Document Submission*

Inspections / Reviews *(continued)*

12/01/2025 - Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/01/2025

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

At 9:08 a.m. the home did not have the License Inspection Summary report dated 1/28/25 posted as required.

Plan of Correction

Accept (█ - 11/18/2025)

Compliance with this regulation is important because it permits residents, families, and visitors to learn about applicable regulations and the regulatory compliance status of the home, and the home's plan to correct any violations found.

This violation was corrected by posting the most recent LIS report dated 10/22/25. (See photo)

To maintain compliance with this regulation, the PCHA will take responsibility for posting updated LIS reports as they become available.

Licensee's Proposed Overall Completion Date: 11/01/2025

Implemented (█ - 12/01/2025)

16c - Written Incident Report

2. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On █ Resident #1 passed away in the home. The home did not report this incident to the department until █

On █ Resident #2 passed away in the home. The home did not report this incident to the department until █

Repeated violation 1/28/25

Plan of Correction

Accept (█ - 12/01/2025)

Compliance with this regulation is important because it allows the Department to respond promptly to serious situations.

Both of the deaths related to this violation occurred on █. It indicates an issue with communication between building staff and the on-call staff.

All resident deaths occurring during █ must be reported to the assigned on-call nurse immediately. The on-call nurse or designee will be responsible for reporting the death in a timely manner as designated by the Department. (See memo)

Completion Date: 11/30/25 All applicable staff will have read and signed the memo

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented (█ - 12/01/2025)

28e - Death of a Resident

3. Requirements

2600.

28.e. In the event of a death of a resident under 60 years of age, the administrator shall refund the remainder of previously paid charges to the resident's estate within 30 days from the date the room is cleared of the resident's personal property. In the event of a death of a resident 60 years of age and older, the home shall provide a refund in accordance with the Elder Care Payment Restitution Act (35 P. S. § 10226.101—10226.107). The home shall keep documentation of the refund in the resident's record.

Description of Violation

Resident #3 passed away on an undetermined date, as the facility has not provided the requested documentation. Resident #3's personal belongings were removed from the [redacted] room on an undetermined date. There is no way to determine if the refund check was issued within 30 days as the requested information of date of discharge and a detailed invoice has not been provided for review.

Plan of Correction

Accept ([redacted] - 11/18/2025)

Compliance with this regulation ensures that resident funds are refunded promptly following discharge.

This resident status was deceased effective [redacted] (See Edit History for [redacted])

This resident was refunded for one day for the month of [redacted] in the amount of 184.00. (See credit memo [redacted] and check [redacted] dated [redacted])

Compliance with this regulation will be maintained by having documents readily available at request of the Department moving forward.

Completion Date: 11/1/25

Licensee's Proposed Overall Completion Date: 11/01/2025

Implemented ([redacted] - 12/01/2025)

28f - Resident's Funds and 30-day Refund

4. Requirements

2600.

28.f. Within 30 days of either the termination of service by the home or the resident's leaving the home, the resident shall receive an itemized written account of the resident's funds, including notification of funds still owed the home by the resident or a refund owed the resident by the home. Refunds shall be made within 30 days of discharge.

Description of Violation

Resident #3 was discharged on an undetermined date. The home was unable to provide an invoice of the breakdown and details of the refund.

Plan of Correction

Accept ([redacted] - 11/18/2025)

Compliance with this regulation ensures that resident funds are refunded promptly following discharge.

This resident status was deceased effective [redacted] (See Edit History for [redacted])

This resident was refunded for one day for the month of [redacted] in the amount of 184.00. (See credit memo [redacted] and check [redacted] dated [redacted])

Compliance with this regulation will be maintained by having documents readily available at request of the Department moving forward.

Completion Date: 11/1/25

Licensee's Proposed Overall Completion Date: 11/01/2025

Implemented ([redacted] - 12/01/2025)

103e - Left Overs

5. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

There was an unlabeled, undated open bag of peas and open bag of broccoli in the upright freezer in the dining area labeled "Vegetable Freezer."

Plan of Correction

Accept (█ - 11/18/2025)

Compliance with this regulation provides information regarding the identity of food items and the length of time food has been in storage, preventing cross-contamination of food and the use of expired food items.

The staff had been labeling food items with regular tape, and those labels were found to be falling off. The building nurse ordered and put into circulation freezer labels to be used by staff to prevent the labels from becoming unsecured.

Completion Date: 11/1/25

Licensee's Proposed Overall Completion Date: 11/01/2025

Implemented (█ - 12/01/2025)

105g - Lint Removal and Duct Cleaning

6. Requirements

2600.

105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer's instructions.

Description of Violation

On 10/8/25, there was an accumulation of lint coming through the dryer vents louvers, that exit the building, posing a potential fire hazard.

Plan of Correction

Accept (█ - 11/18/2025)

Compliance with this regulation greatly reduces the risk of fire in the home.

The violation was corrected immediately by removing the aforementioned build-up of lint before the inspectors left for the day.

Compliance with this regulation will be maintained by having the PCHA or designee sign off on weekly checks of the laundry room and the exterior dryer vents on a calendar-type form for six weeks.

Completion Date: 12/8/25

Licensee's Proposed Overall Completion Date: 12/08/2025

Implemented (█ - 12/01/2025)

141a 1-10 Medical Evaluation Information

7. Requirements

2600.

141a 1-10 Medical Evaluation Information (continued)

- 141.a. A resident shall have a medical evaluation by a physician, physician’s assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission. The evaluation must include the following:
1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
 2. Medical diagnosis including physical or mental disabilities of the resident, if any.
 3. Medical information pertinent to diagnosis and treatment in case of an emergency.
 4. Special health or dietary needs of the resident.
 5. Allergies.
 6. Immunization history.
 7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
 8. Body positioning and movement stimulation for residents, if appropriate.
 9. Health status.
 10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident #4’s status change medical evaluation dated [REDACTED] did not indicate if the resident’s needs can be met safely by a personal care home on page five of the form.

Plan of Correction

Accept ([REDACTED] - 11/18/2025)

Compliance with this regulation is important because accurate medical information helps homes determine if they can meet resident needs and how to develop plans to do so.

This status change medical evaluation was incorrectly reported by Department representatives as dated [REDACTED] but in fact, it is dated [REDACTED]

This violation was corrected by having the physician who signed the [REDACTED] form, (but who forgot to check the box on p. 5 to verify that the resident’s needs can be safely met in a personal care home), check the box and sign and date on the day we presented the form while [REDACTED] was in the building. (See p. 5 of the [REDACTED] DME dated [REDACTED])

Completion Date: 11/1/25

Licensee's Proposed Overall Completion Date: 11/01/2025

Implemented ([REDACTED] - 12/01/2025)

141b1 - Annual Medical Evaluation

8. Requirements

2600.

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

Description of Violation

Resident #5’s most recent medical evaluation was completed on [REDACTED]

Plan of Correction

Accept ([REDACTED] - 11/18/2025)

Accurate and updated information ensures that resident needs can be met by the home.

Resident #5 was sent to the hospital on [REDACTED] and has never returned to the home due to permanent placement elsewhere. Therefore, this late medical evaluation was not completed.

Compliance with this regulation will be maintained moving forward by the PCHA or designee completing monthly chart audits on a calendar-type form.

Completion Date: 12/31/25

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented ([REDACTED] - 12/01/2025)

142b - Refusal-Medical Treatment

9. Requirements

2600.

142.b. If a resident refuses routine medical or dental examination or treatment, the refusal and the continued attempts to educate and inform the resident about the need for health care shall be documented in the resident's record.

Description of Violation

Resident #5 refused to be sent for evaluation after falls on [redacted] and [redacted] that resulted in bruising to the face and a bump to the head and also refused to be weighed for water retention purposes. However, there is no documentation in the resident's record of the home's continued attempts to educate and inform the resident about the need for health care.

Plan of Correction

Accept ([redacted] - 11/18/2025)

Compliance with this regulation can help to prevent more serious health-related situations at a later date and protects homes from licensing enforcement.

Compliance with this regulation will be achieved and maintained moving forward when the PCHA or designee utilizes the Resident Refusal of Treatment / Care Form to document the need for health care. (See form).

Completion Date: 11/1/25 form created and in circulation for use

Licensee's Proposed Overall Completion Date: 11/01/2025

Implemented ([redacted] - 12/01/2025)

183d - Prescription Current

10. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

Resident #6 had an order for Ondansetron ODT, 4 mg one tablet every six hours as needed; the order was discontinued on 10/3/25 but the medication was still in the medication cart on 10/8/25.

Plan of Correction

Accept ([redacted] - 11/18/2025)

Compliance ensures that the home does not keep, and inadvertently administer, discontinued or expired medication. This was corrected immediately by removing the discontinued medication from the cart.

This will be prevented in the future when the PCHA, along with a medication tech, performs a weekly cart audit and documents that audit on a calendar-type form.

Completion Date: 12/31/25

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented ([redacted] - 12/01/2025)

184a - Resident's Meds Labeled

11. 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.

184a - Resident's Meds Labeled (continued)

Description of Violation

Resident #7 has an order for Novolog insulin, 4 units before smaller meals. The pharmacy label for the insulin pens has an incorrect order of 6 units three times daily with meals. Resident #7 also has an order for sliding scale coverage of Novolog insulin before meals; the pharmacy label for the insulin pens did not match the current sliding scale order for Novolog insulin that was listed on the resident's Medication administration record.

Plan of Correction

Accept (█ - 11/18/2025)

Compliance with this regulation ensures that the home is administering the correct drug, in the correct dose, via the correct route, at the correct frequency/time, to the correct patient.
This was corrected by the building nurse on 10/8/25 by contacting the pharmacy, reconciling the order, and adding a "changed order" label to the insulin pens.
This violation will be prevented in the future when the building nurse who is approving the change in the medication order checks the medication label for accuracy before approving the medication in the software system. Additionally, the labels will be checked during the weekly cart audits performed by the PCHA and medication tech. This check will be documented on a calendar-type form.
Completion Date: 11/30/25

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented (█ - 12/01/2025)

185a - Implement Storage Procedures

12. 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

At 1:30 P.M. an oxygen tank was observed being stored directly on the floor in resident room #29.

Plan of Correction

Accept (█ - 11/18/2025)

Compliance with this regulation reduces the risk that medication and medical equipment will be misplaced, lost, or misused.
To correct the immediate issue, the building nurse contacted the company supplying the oxygen and requested delivery of a storage cart. (See photo)
To ensure future compliance, building nurse or designee will keep an updated list of all residents in the home that have oxygen cylinders. The building nurse or designee will be responsible for periodic checks during routine room visits to verify proper storage.
Completion Date: 11/1/25

Licensee's Proposed Overall Completion Date: 11/01/2025

Implemented (█ - 12/01/2025)

187d - Follow Prescriber's Orders

13. Requirements

2600.
187.d. The home shall follow the directions of the prescriber.

187d - Follow Prescriber's Orders (continued)

Description of Violation

Resident #6 has an order to document their fasting blood sugar on Monday, Wednesday, and Friday. On Friday 10/3/25 resident #6's fasting blood sugar was not documented.

Resident #7 has an order for Novolog insulin, 4 units before smaller meals and sliding scale coverage before meals. On the following dates and times the incorrect number of sliding scale units of insulin were administered:

10/1/25 at 4:00 p.m. the blood sugar reading was 181 requiring 4 straight units plus 2 sliding scale units; only 2 units of insulin were administered.

10/2/25 at 4:00 p.m. the blood sugar reading was 185 requiring 4 straight units plus 2 sliding scale units; only 5 units of insulin were administered.

10/4/25 at 8:00 p.m. the blood sugar reading was 428 and 10 units of sliding scale insulin units were administered.

Resident #7 does not have an order for sliding scale insulin at bedtime.

10/5/25 at 8:00 p.m. the blood sugar reading was 347 and 7 units of sliding scale insulin were administered. Resident #7 does not have an order for sliding scale insulin at bedtime.

10/7/25 at 12:00 p.m. the blood sugar reading was 336 requiring 4 straight units plus 7 units of sliding scale units; only 10 units of insulin were administered.

Resident #7 has an order for Potassium CL ER 20, 1 tablet twice daily. On 10/3/25 at 8:00 a.m. and 8:00 p.m. the medication was not available in the medication cart to be administered.

Repeated violation 1/28/25.

Plan of Correction

Accept (█ - 11/18/2025)

Compliance with this regulation ensures that residents receive treatments and medication as ordered by a physician. On 10/30/25, the PCHA contacted the PCP and endocrinologist of Resident #7 to obtain clarification of insulin orders as they are vague and incomplete.

To maintain compliance moving forward, the PCHA or designee will provide education to medication techs specific to Resident #7 and the other residents of the home who are currently ordered insulin. This education will be presented in a small group format and will consist of the Five Rights of Medication Administration and how they relate to the specific orders of these residents. The medication techs will sign off on a form indicating that they understand the orders and have been given the opportunity to ask questions.

Completion date: 11/30/25

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented (█ - 12/01/2025)

190c - Record of Training

14. Requirements

2600.

190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The annual practicum training record for staff person A dated █ is incomplete because it does not include the staff person A's signature.

Plan of Correction

Accept (█ - 11/18/2025)

Compliance with this regulation is important because it allows the home to track training to ensure that staff who administer medication and/or insulin have received the necessary training.

This was corrected by having staff person A sign the aforementioned training record. (See record)

190c - Record of Training (continued)

This violation will be prevented in the future by having HR staff perform bi-monthly audits of training files and document the audits on a calendar-type form.

Completion Date: 12/31/25

Licensee's Proposed Overall Completion Date: 12/31/2025

Implemented (█ - 12/01/2025)

225c - Additional Assessment**15. Requirements**

2600.

225.c. The resident shall have additional assessments as follows:

1. Annually.
2. If the condition of the resident significantly changes prior to the annual assessment.
3. At the request of the Department upon cause to believe that an update is required.

Description of Violation

Resident #5's most recent assessment was completed on █

Resident #8's assessment, dated █, was not updated to include the resident's recent treatment for █ and the need to increase showers from twice weekly to every other day.

Resident #9 has an enabler attached to their bed. The annual assessment dated █ does not include the following information:

- *Any risks associated with the use*
- *The resident's ability to use the device safely for the purpose it was intended*
- *Identification of the specific device to be used and whether a cover is required to meet FDA guidelines*

Repeated violation 1/28/25.

Plan of Correction

Accept (█ - 12/01/2025)

Compliance with this regulation allows homes to create a comprehensive profile of a resident's needs and serves as the basis for the plan to meet those needs.

Resident #5 had been out of the building since █ and never returned. This medical evaluation could not be updated. Resident #8 no longer █. This issue was resolved █ Update not appropriate after-the-fact.

Resident #9 will have RASP and DME updated to appropriately reflect required elements necessary for use of an enabler / mobility rail by 11/30/25. This will be the responsibility of the PCHA or designee.

To prevent this issue in the future, the PCHA or designee will create an updated list of all residents in the home utilizing mobility rails / enablers. An audit will be performed on charts of all of these residents. All RASPS and DMEs will reflect the required elements necessary for the use of this piece of equipment.

Completion Date: 11/30/25

Licensee's Proposed Overall Completion Date: 11/30/2025

Implemented (█ - 12/01/2025)