

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

November 5, 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 10/09/2025 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: 09/16/2026
 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: 32 Waking Staff: 24

Inspection Information

Type: Partial Notice: Unannounced BHA Docket #:
 Reason: Complaint, Interim Exit Conference Date: 10/09/2025

Inspection Dates and Department Representative

10/09/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 40 Residents Served: 32
 Secured Dementia Care Unit
 In Home: No Area: Capacity: Residents Served:
 Hospice
 Current Residents: 4
 Number of Residents Who:
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 32
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 0 Have Physical Disability: 1

Inspections / Reviews

10/09/2025 Partial
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/02/2025

11/03/2025 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 11/03/2025
 Reviewer: [REDACTED] Follow-Up Type: Bypass Document Submission

Inspections / Reviews *(continued)*

11/05/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/03/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

85a - Sanitary Conditions

1. Requirements

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

Description of Violation

At approximately 9:30 a.m., dried [redacted] was observed on the toilet seat in the bathroom of resident room [redacted]
At approximately 9:25 a.m., a strong [redacted] was noticeable in the Early Town Way hallway near resident room [redacted]

Plan of Correction

Accept [redacted] - 11/03/2025)

The facility did not ensure that soiled linens were laundered in a timely fashion causing a foul odor down early town way hallway. The facility did not ensure that the toilet seat in room [redacted] was properly cleaned after use. This is important for sanitation.

Laundry was immediately washed and toilet seat was cleaned immediately after finding.

The administrator provided a training for staff with regulation 2600.85a (Please see attached training)

The building nurse will provide daily room checks for sanitation for 2 weeks (please see attached) and will continue bi-weekly checks for 6 months.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [redacted] 11/05/2025)

183b - Meds and Syringes Locked

2. Requirements

2600.
183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

At approximately 9:31 a.m., [redacted] was observed in the bathroom of room [redacted] and was unlocked, unattended, and accessible to resident [redacted]. The resident DME, dated [redacted], indicates the resident is not able to self-administer medications.

Plan of Correction

Accept [redacted] - 11/03/2025)

The facility did not ensure that the [redacted] found in room [redacted] was locked in a secure place. This is important for the health and safety of our residents.

Nystatin powder was immediately secured and placed into the med cart upon finding.

Administrator trained all staff on proper medication storage from 2600 183.b (please see attached)

Facility nurse conducted a daily OTC in rooms daily for 2 weeks (please see attached) and will continue bi-weekly checks for 6 months.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented [redacted] - 11/05/2025)

252 - Record Content

3. Requirements

252 - Record Content (*continued*)

2600.

252. Content of Resident Records - Each resident's record must include the following information:

2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident [REDACTED] record does not include if the resident has any identifying marks.

Plan of Correction

Accept [REDACTED] - 11/03/2025)

The facility did not have identifying marks completed on a resident record.

Resident observed and immediately fixed identifying mark on resident record upon finding.

Administrator provided office staff with education and training based on 2600.252 (please see attached)

Facility nurse completed bi-weekly chart audits (please see attached) and will continue to do so for 6 months.

Licensee's Proposed Overall Completion Date: 04/30/2026

Implemented ([REDACTED] - 11/05/2025)