

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

March 4, 2026

[REDACTED], OWNER
EM RURAL LIVING LLC
[REDACTED]

RE: THE WYNWOOD HOUSE AT
NITTANY VALLEY
294 DISCOVERY DRIVE
BOALSBURG, PA, 16827
LICENSE/COC#: 23224

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 12/30/2025 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 NITTANY VALLEY* License #: 23224 License Expiration: 09/26/2026
 Address: 294 DISCOVERY DRIVE, BOALSBURG, PA 16827
 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: 17 Total Daily Staff: 54 Waking Staff: 41

Inspection Information

Type: Full Notice: Unannounced BHA Docket #:
 Reason: Renewal Exit Conference Date: 12/30/2025

Inspection Dates and Department Representative

12/30/2025 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information
 License Capacity: 40 Residents Served: 31
 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: 31
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0
 Have Mobility Need: 6 Have Physical Disability: 2

Inspections / Reviews

12/30/2025 - Full
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 01/31/2026

01/30/2026 - POC Submission
 Submitted By: [REDACTED] Date Submitted: 03/04/2026
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/06/2026

Inspections / Reviews (*continued*)

02/05/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2026

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: 02/16/2026

03/04/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/04/2026

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

At 9:40 a.m., the kitchen area of the home did not have a Carbon Monoxide detector present and in close proximity of the natural gas stove as required by the Care Facility Carbon Monoxide Alarms Standard Act.

Plan of Correction

Accept (█ - 01/30/2026)

I NOTIFIED MAINTENCE THAT THE CARBON MONOXIDE SENSOR IN THE KITCHEN WAS CHIRPING EVEN AFTER PUTTING NEW BATTERIES ON 12/24/25. █ ORDERED THE SENSORS AND THEY CAME IN ON 1/7/26. THIS SENSOR WAS ONLY 6 MONTHS OLD. THE SENSOR WAS IN MY OFFICE WHEN WE WERE INSPECTED.

CORRECTION:

A NEW SENSOR WAS HUNG UP AND THE BATTERY AND SENSOR WAS DATED.

TO INSURE THIS DOSENT HAPPEN AGAINE, IT WAS ADDED TO THE WEEKLY MAINTENCE CHECK OFF LIST.

Licensee's Proposed Overall Completion Date: 01/29/2026

Implemented (█ - 03/04/2026)

91 - Telephone Numbers

2. Requirements

2600.

91. Emergency Telephone Numbers - Telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management and personal care home complaint hotline shall be posted on or by each telephone with an outside line.

Description of Violation

At 10:40 a.m. the dining room landline phone did not have emergency telephone numbers for the nearest hospital, police department, fire department, ambulance, poison control, local emergency management, and personal care home complaint hotline posted on or near the telephone.

Repeat Violation 11/20/24

Plan of Correction

Accept (█ - 01/30/2026)

DINING ROOM PHONE DID NOT HAVE THE EMERGENCY NUMBERS POSTED. THERE USE TO BE A PAPER HANGING ON THE WALL BUT IT WAS REMOVED.

CORRECTION:

A PAPER WITH ALL THE NUMBERS WAS HUNG ON THE WALL AND WE ADDED A STICKER TO THE HANDSET WITH ALL THE NUMBERS. MONTHLY AUDIT STARTED IN JANURARY TO CHECK ALL PHONES FOR EMERGENCY NUMBERS

Licensee's Proposed Overall Completion Date: 12/31/2026

Implemented (█ - 03/04/2026)

105g - Lint Removal and Duct Cleaning

3. Requirements

2600.

105g - Lint Removal and Duct Cleaning (continued)

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

At 9:35 a.m., the clothes dryer located in the A wing of the home was empty of clothing. However, the dryer lint trap contained lint when rolled was approximately the size of a golf ball.

Plan of Correction

Accept () - 01/30/2026

IN ADDITION TO MAINTENCE CHECKING LINT TRAPS WEEKLY.

CORRECTION:

TRAINING WITH STAFF, SIGNS AND FREQUENT CHECKS THAT THE LINT FILTERS ARE CLEANED. SEE PHOTOS ATTACHED

Licensee's Proposed Overall Completion Date: 01/29/2026

Implemented () - 03/04/2026

183b - Meds and Syringes Locked

4. 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 9:00 a.m., the door to the medication room located in the front lobby of the home was unlocked and unattended. The room contained a medication cart that was unlocked and unattended.

Plan of Correction

Directed () - 02/05/2026

COMPLETED TRAINING WITH ALL STAFF ON REGULATION 183B

SEE RECORD OF TRAINING ATTACHED

COMPLETED TRAINING WITH STAFF ON 1/5/26, MEDTECH WILL BE RESPONSIBLE THAT MED ROOM DOOR IS SHUT WHEN NOT IN THE MED ROOM.

Proposed Overall Completion Date: 02/04/2026

Directed: In addition to the above plan of correction, the administrator or designee will do daily checks for 7 days and then weekly for 4 weeks on the medication room door to ensure that it is locked. These checks will be documented with the date, time, person completing the check, and result of check.

Directed Completion Date: 03/11/2026

Implemented () - 03/04/2026

184a - Resident's Meds Labeled

5. Requirements

2600.

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

184a - Resident's Meds Labeled (continued)

Description of Violation

Resident #1 has a PRN order for Acetaminophen 325 mg to take 2 tablets Q6 hours for pain and fever. The pharmacy label states to take 1 tab by mouth.

Repeat Violation 11/20/24

Plan of Correction

Accept () - 02/05/2026

ORDERS WERE CLARIFIED WITH THE VA PHARMACY ON DOSE CHANGES.

CORRECTION

EDUCATED NURSE ON VERIFYING EACH BOTTLE WITH THE MAR DURING MONTHLY MED CART AUDITS COMPLETED TRAINING WITH STAFF ON 1/5/26, MED TECH, ADMIN ASSISTANT AND ED WILL BE RESPONSIBLE FOR CHECKING ALL MEDICATION LABELS MATCH THE MAR MONTHLY

Licensee's Proposed Overall Completion Date: 02/04/2026

Implemented () - 03/04/2026

185a - Implement Storage Procedures

6. 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

The home could not provide the daily readings for resident # 1's Libre Glucometer.

Repeat Violation 11/20/24

Plan of Correction

Accept () - 02/05/2026

ED, RCD, AND ADMINISTRATIVE ASSISTANT ATTENDING A LIBRE TRAINING ON HOW TO OBTAIN ALL READINGS FROM THE GLUCOMETER. PLEASE SEE ATTACHED FOR ALL READINGS.

CLASS WAS DONE ONLINE 1/22/26 ON LIBRAS, THE ADMIN ASSISTANT, ED AND RCD WILL MONITOR READINGS WEEKLY PER THE INSTRUCTIONS OF PCP/ ORDER

Licensee's Proposed Overall Completion Date: 02/04/2026

Implemented () - 03/04/2026

187a - Medication Record

7. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

9. Administration times.

Description of Violation

Resident # 1's Lactaid 3000 Units Tabs the medication administration record states to take once daily for prevention of diarrhea. The doctors' order states to take one before meals and at bedtime.

187a - Medication Record (continued)

Plan of Correction

Accept ([redacted]) - 02/05/2026

ORDERS WERE CLARIFIED WITH THE VA PHARMACY ON DOSE CHANGES.

CORRECTION

EDUCATED NURSE ON VERIFYING EACH BOTTLE WITH THE MAR DURING MONTHLY MED CART AUDITS
1/6/26 COMPLETED TRAINING WITH STAFF, MED TECH, ADMIN ASSISTANT AND ED WILL BE RESPONSIBLE FOR
CHECKING ALL MEDICATION LABELS MATCH THE MAR MONTHLY

Licensee's Proposed Overall Completion Date: 02/04/2026

Implemented ([redacted]) - 03/04/2026

187d - Follow Prescriber's Orders

8. Requirements

2600.

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

Description of Violation

On 12/28/25, resident 1#'s glucometer and medication administration record (MAR) document a blood glucose reading of 152. However, the MAR indicates 5 units of Novolog Flexpen were administered when according to the sliding scale 6 units should have been administered.

On 12-23-25, resident # 1's glucometer and medication administration record (MAR) documented a blood glucose reading of 190 for the 4:00P.M. reading. However, the MAR indicates 7 units of Novolog Flexpen were administered when according to the sliding scale 6 units should have been administered.

Sliding Scale prescription for resident #1's. 100-150=5 units, 151-200=6units, 200-250=7units, 251-300=8units, 301-350=9units, 351-400=10units, 401-450=11units, 451= 12 units

Repeat Violation 11/20/24

Plan of Correction

Directed ([redacted]) - 02/05/2026

INCORRECT DOSAGE ON SLIDING SCALE UNABLE TO CORRECT, INCEDENT REPORT FILLED OUT AND SENT TO DHS, VA NOTIFED. CLASS TRAINING WITH ALL STAFF ON HOW TO READ THE SLIDING SCALE TRAINING HELD ON 1/3/26, AUDITS STARTED ON 2/3/26 AND WILL BE EVERY MONTH UNTIL 12/31/26 BY THE ED, RCD, AND THE ADMIN ASSISTANT.

Proposed Overall Completion Date: 02/04/2026

Directed: In addition to the above plan of correction: The administrator or designee will audit medication carts 3 times weekly for 4 weeks and then monthly thereafter. These audits will be documented with the date, person completing the audit, and any issues identified.

Directed Completion Date: 03/04/2026

Implemented ([redacted]) - 03/04/2026

225c - Additional Assessment

9. Requirements

2600.

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

- 2. If the condition of the resident significantly changes prior to the annual assessment.

Description of Violation

Resident #4 was placed on hospice on [REDACTED] Resident #4's assessment plan dated [REDACTED] was not updated to include that the resident is receiving hospice services.

Plan of Correction

Directed ([REDACTED] - 02/05/2026)

MONTHLY AUDITS FOR CHARTS, FOR RASP UPDATES

TRAINING HELD ON 1/6/26, CHART AUDITS STARTED ON 1/8/26 AND WILL BE EVERY MONTH UNTIL 12/31/26 BY THE ED, RCD, AND THE ADMIN ASSISTANT.

Proposed Overall Completion Date: 02/04/2026

Proposed Overall Completion Date: 03/04/2026

Directed Completion Date: 02/05/2026

Implemented ([REDACTED] - 03/04/2026)