

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

February 18, 2026

[REDACTED]  
EM RURAL LIVING LLC  
[REDACTED]

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

[REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 01/13/2026 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: Total Daily Staff: 24 Waking Staff: 18

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Complaint Exit Conference Date: 01/13/2026

**Inspection Dates and Department Representative**

01/13/2026 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 45 Residents Served: 22  
 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: 22  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 2 Have Physical Disability: 0

**Inspections / Reviews**

01/13/2026 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/06/2026

02/06/2026 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 02/13/2026  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 02/13/2026

Inspections / Reviews *(continued)*

02/10/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 02/17/2026

02/18/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 02/13/2026

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

On [REDACTED] the home's current license was not posted. The license that was posted expired on [REDACTED].

Plan of Correction

Accept [REDACTED] - 02/06/2026)

THE FACILITY CANNOT RETROACTIVELY CORRECT THE MISSING CURRENT LICENSE NOT POSTED ACCORDING TO THE REGULATION

COMPLIANCE WITH THIS REGULATION IS IMPORTANT BECAUSE IT PROMOTES TRANSPARENCY, PROTECTS RESIDENTS' RIGHTS, SUPPORT STAFF AWARENESS AND ACCOUNTABILITY, AND DEMONSTRATES REGULATORY COMPLIANCE

THE CURRENT LICENSE WAS POSTED BY ED IMMEDIATELY ON 01/13/26

THE ED EDUCATED THE RCD, ADMIN ASSIST, AND SELF REGARDING THE NEED FOR CURRENT LICENSE TO BE HUNG ACCORDING TO THE REGULATION ON 01/16/26.

STARTING 01/14/26, THE ED WILL INCLUDE IN THE WEEKLY BUILDING WALKTHROUGH THAT CURRENT LICENSE IS HUNG ACCORDING TO REGULATION EVERY WEEK FOR FOUR WEEKS AND THEN BI-ANNUALLY

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented [REDACTED] 02/18/2026)

100b - Removal Snow/Obstructions

2. Requirements

2600.

100.b. The home shall ensure that ice, snow and obstructions are removed from outside walkways, ramps, steps, recreational areas and exterior fire escapes.

Description of Violation

On [REDACTED] at 9:21 a.m., there was an approximate 12-inch accumulation of leaves behind the emergency exit door that located near the beauty shop.

Plan of Correction

Accept [REDACTED] - 02/06/2026)

THE FACILITY CANNOT RETROACTIVELY CORRECT THE DOOR THAT HAD THE ACCUMULATION OF LEAVES BEHIND THE EMERGENCY EXIT DOOR LOCATED NEAR THE BEAUTY SHOP

COMPLIANCE WITH THIS REGULATION IS IMPORTANT BECAUSE REMOVING ICE, SNOW, AND OTHER OBSTRUCTIONS ENSURE RESIDENT SAFETY, FIRE SAFETY, EMERGENCY PREPAREDNESS, AND RESIDENTS' RIGHTS.

ON 01/14/26 THE EMERGENCY EXIT DOOR LOCATED NEAR THE BEAUTY SHOP WAS CLEARED

THE ED EDUCATED THE MAINTANENCE DEPARTMENT ON THE IMPORTANCE OF KEEPING EXITS CLEAR AND FIRE SAFETY ON 01/14/26.

100b - Removal Snow/Obstructions (continued)

BEGINNING 01/14/26, THE ED WILL CHECKS EXITS ON WEEKLY WALKTHROUGH IN ADDITION TO MAINTANENCE'S WEEKLY CHECKS FOR 4 WEEKS AND WILL CONTINUE TO DO PERMANTELY.

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented ( ) - 02/18/2026)

141b1 - Annual Medical Evaluation

3. Requirements

2600.

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

Description of Violation

Resident's medical Evaluation dated did not indicate if the residents' needs can be safely met by the Personal Care Home or if the resident is Nursing Facility Clinically Eligible (NFCE).

Plan of Correction

Accept ( ) - 02/10/2026)

THE FACILITY CANNOT RETROACTIVELY FIX THE DME IN THE PROVIDER SIGNATURE SECTION TO MARK IF A RESIDENT'S NEED CAN BE SAFELY MET BY THE PERSONAL CARE HOME.

THE PASSING OF THE RESIDENT INABLES FOR THIS TO BE CORRECTED.

COMPLIANCE WITH THIS REGULATION IS IMPORTANT BECAUSE IT PROTECTS RESIDENTS' HEALTH AND SAFETY, ENSURES THE HOME IS OPERATING WITHIN ITS LICENSED SCOPE, PREVENTS IMPROPER ADMISSION OR RETENTION, AND SUPPORTS PERSON-CENTERED AND APPROPRIATE CARE PLANNING.

STARTING 01/16/26, THE ED WILL COMPLETE A CHART AUDIT ON THREE RESIDENTS A WEEK. THIS WILL CONTINUE UNTIL ALL RESIDENTS HAVE BEEN CHECKED. CHART AUDITS AND DME CHECKS WILL OCCUR WITH NEW RESIDENTS AND WELL AS ANNUAL RESIDENTS EVERY QUARTER PERMANTELY

ED PROVIDED A TRAINING ON THIS REGULATION ON 01/16/26 TO THE RCD, ADMIN ASSIST, AND SELF

Licensee's Proposed Overall Completion Date: 02/13/2026

Implemented ( ) - 02/18/2026)

142d - Secure Preventative Care

4. Requirements

2600.

142.d. The home shall assist the resident to secure preventative medical, dental, vision and behavioral health care as requested by a physician, physician's assistant or certified registered nurse practitioner.

Description of Violation

On resident was diagnosed with an . The discharge instructions states: "It was recommended that the resident consider a 48-hour Holter monitor or testing for further evaluation for a possible

142d Secure Preventative Care (continued)

frequency of [REDACTED] Also stating It is impossible to recognize and treat all injuries of illness in a single emergency department visit. It is therefore important that you follow up closely with University Health Services, your PCP, and/or your specialist. Call as soon as possible about an appointment." The home did not follow the 5/4/25 prescriber's orders and strict discharge instructions to follow up with an appointment for Atrial Flutter testing.

Plan of Correction

Accept [REDACTED] 02/10/2026)

THE FACILITY CANNOT RETROACTIVELY FIX THE LACK OF FOLLOW UP FOR THE RESIDENT REGARDING THE ER VISIT ON 05/04/25 DUE TO RESIDENT PASSING AWAY.

COMPLIANCE WITH THIS REGULATION IS IMPORTANT BECAUSE IT PROMOTES RESIDENT HEALTH AND BEING, SUPPORTS RESIDENTS' RIGHTS, AND PREVENTS DECLINE AND HOSPILIZATIONS.

THE ED CREATED A FOLLOW UP CHECKLIST ON 01/15/26. IT WILL BE USED MOVING FORWARD TO FOLLOW ALL RESIDENTS FOR FOLLOW UP WITH ER AND ROUTINE VISITS WITH THEIR PROVIDERS.

ED COMPLETED TRAINING TO RCD, ADMIN ASSIST AND SELF ON 2600.142.D REGULATIONS ON 01/16/26

Licensee's Proposed Overall Completion Date: 02/09/2026

Implemented [REDACTED] - 02/18/2026)

144c1 - Smoking Area Guidelines

5. 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:

Description of Violation

At 9:00 a.m. the front covered porch entrance seating area there was a plastic water bottle that contained extinguished cigarette butts. The administrator stated that one of the residents sits in the front area to smoke.

Plan of Correction

Accept [REDACTED] - 02/10/2026)

THE FACILITY CANNOT RETROACTIVELY FIX THE PLASTIC BOTTLE THAT WAS OUTSIDE THE FRONT ENTRANCE WITH CIGARETTE BUTTS.

THE WATER BOTTLE WAS IMMEDIATELY REMOVED AND DISPOSED OF ON 01/13 2026

COMPLIANCE WITH THIS REGULATION IS IMPORTANT BECAUSE IT MINIMIZES FIRE RISK AND ENSURES THE HEALTH AND SAFETY OF ALL INDIVIDUALS WITHIN THE HOME.

ON 01/16/26, THE ED PROVIDED TRAINING TO ALL STAFF ON THE DESIGNATED SMOKING AREA OF THE FACILITY AND FIRE SAFETY.

BEGINNING 01/14/26, THE ED WILL COMPLETE WEEKLY BUILDING WALKTHROUGHS TO ENSURE THAT THERE ARE NO CIGARETTE BUTTS ON THE GROUND OR IN BOTTLES AND TO ENSURE THAT STAFF AND RESIDENTS ARE STAYING IN COMPLIANCE WITH REGULATIONS AND FACILITY POLICY AND PROCEDURE.

Licensee's Proposed Overall Completion Date: 02/13/2026

144c1 - Smoking Area Guidelines (*continued*)

*Implemented* [REDACTED] 02/18/2026)