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

August 12, 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 05/13/2026, 06/01/2026, 06/04/2026 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]
Human Services Licensing Supervisor

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**: *DLI*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *27* **Waking Staff**: *20*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Complaint* **Exit Conference Date**: *06/04/2026*

Inspection Dates and Department Representative

05/13/2026 - On-Site: [redacted]
06/01/2026 - Off-Site:
06/04/2026 - Off-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *45* **Residents Served**: *24*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *5*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *24*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *1*

Have Mobility Need: *3* **Have Physical Disability**: *0*

Inspections / Reviews

05/13/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/06/2026*

Inspections / Reviews *(continued)*

07/16/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *08/03/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/20/2026*

08/12/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *08/03/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

17 Record Confidentiality

1. Requirements

2600.
17. Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

Description of Violation

At approximately 9:15 a.m. there was an unlocked, unattended, accessible resident services log containing resident name, room number and DNR status located on a table in the kitchen area of the facility.

Plan of Correction ***Accept [redacted] 07/16/2026)***

What was done immediately to correct the violation:
At approximately 9:15 a.m. on June 29, 2026, the unattended resident services log located on the kitchen table was immediately removed, secured, and placed in a designated, locked staff area away from resident and visitor access.

The systemic change implemented to prevent a recurrence:
The facility has designated a secure, locked staff office for the permanent storage of all daily shift logs, communication books, and clinical papers. Staff have been re-educated that no resident logs or records containing protected information may be left unattended in any common area, including the kitchen.

The ongoing quality assurance monitoring mechanism:
The Executive Director or designee will conduct daily environmental facility walk-throughs across all shifts to verify that all confidential resident records are properly secured and that no log sheets are left unattended in public spaces.

Licensee's Proposed Overall Completion Date: *07/17/2026*

Implemented [redacted] - 08/12/2026)

81b Resident Personal Equipment

2. Requirements

2600.
81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

At approximately 11:31 a.m., Resident [redacted]'s bed enabler bar was observed to not be secured to the bed frame and could be pulled out of its position with minimal effort.

Plan of Correction ***Accept [redacted] - 07/16/2026)***

What was done immediately to correct the violation:
At approximately 11:31 a.m. on June 29, 2026, the Maintenance Director inspected Resident [redacted]'s bed enabler bar. The mounting hardware was adjusted, tightened, and permanently locked down to the bed frame, ensuring the apparatus can no longer be pulled out or moved with minimal effort.

The systemic change implemented to prevent a recurrence:
A facility-wide audit of all resident bed enabler bars was conducted to ensure every apparatus is securely anchored, clean, and free of hazards.

81b - Resident Personal Equipment (continued)

The ongoing quality assurance monitoring mechanism: The Maintenance Director or designee will conduct monthly physical audits of all resident rooms to inspect assistive devices and enabler bars for stability and repair. Any loose equipment will be taken out of service or repaired immediately.

Licensee's Proposed Overall Completion Date: *07/17/2026*

Implemented [redacted] - 08/12/2026)

132h - Designated Meeting Place

3. Requirements

2600.
132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

During the fire drill on 1/30/26 at 12:47 p.m., Resident [redacted] did not evacuate to a designated meeting place away from the building.

Plan of Correction ***Accept [redacted] 07/16/2026)***

What was done immediately to correct the violation: Resident [redacted]s Individual Support Plan RASP was immediately reviewed to identify specific physical or behavioral evacuation barriers and determine the exact assistance required for a complete exit.

The systemic change implemented to prevent a recurrence: All facility staff have undergone mandatory retraining on fire drill protocols, specifically emphasizing that every resident must be completely evacuated past the physical exit thresholds of the building to the designated outdoor assembly safe zone to be officially accounted for on the drill log.

The ongoing quality assurance monitoring mechanism:
The Executive Director or designee will personally supervise the next three consecutive monthly fire drills across varying shifts to physically verify that all residents, including Resident [redacted] are successfully guided entirely to the designated outdoor meeting place.

Licensee's Proposed Overall Completion Date: *08/31/2026*

Implemented [redacted] - 08/12/2026)