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

June 29, 2026

[redacted]
EM RURAL LIVING LLC
[redacted]

RE: THE WYNWOOD HOUSE AT STATE COLLEGE
2360 BERNEL ROAD
STATE COLLEGE, PA, 16803
LICENSE/COC#: 23225

[redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/19/2026 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 STATE COLLEGE* **License #**: *23225* **License Expiration**: *11/21/2026*

Address: *2360 BERNEL ROAD, 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: *I-2* **Date**: *07/30/2020* **Issued By**: *Centre Region Code*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *46* **Waking Staff**: *35*

Inspection Information

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

Reason: *Complaint* **Exit Conference Date**: *05/19/2026*

Inspection Dates and Department Representative

05/19/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *60* **Residents Served**: *37*

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**: *37*

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

Have Mobility Need: *9* **Have Physical Disability**: *0*

Inspections / Reviews

05/19/2026 Partial

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/13/2026*

06/15/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *06/19/2026*

Reviewer: [redacted] **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *06/22/2026*

Inspections / Reviews *(continued)*

06/29/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *06/19/2026*

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

42s Privacy

1. Requirements

2600.
42.s. A resident has the right to privacy of self and possessions. Privacy shall be provided to the resident during bathing, dressing, changing and medical procedures.

Description of Violation

The home utilized Teton technology at the time of inspection, which uses artificial intelligence (AI) to collect data about the resident's movement, activities and behavior within their apartment.

Plan of Correction ***Directed [redacted] - 06/15/2026)***

Please accept this statement as an official update and clarification regarding the pending documentation requirements for our assistive resident safety technology.
When the Teton Resident Fall Monitoring System (RFMS) was initially installed at our facility, a formal waiver or program description was not structurally required by the Department. However, following a collaborative discussion last week with Licensing Supervisor [redacted] it was clarified that the Bureau now requires an approved program description letter to formally authorize the active use of this passive sensor technology within the community.
Please be advised that we are currently working directly with [redacted] to finalize and complete this comprehensive paperwork package, ensuring full alignment with Chapter 2600 resident rights and privacy protocols. Licensing has indicated that upon the submission of this completed documentation packet, our facility will be issued an expedited letter. Paperwork has been submitted, will update when the letter is received.

Proposed Overall Completion Date: 06/12/2026

Directed: The Teton Resident Fall Monitoring System use will immediately be discontinued from use in the home. It will not be used until and if a waiver for its use is secured from the Department.

Directed Completion Date: *06/12/2026*

Implemented [redacted] - 06/29/2026)

185a Implement Storage Procedures

2. 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 approximately 9:30 a.m., (1) one oxygen tank was stored directly on the floor outside the Executive Director's office and was not secured.

Plan of Correction ***Accept [redacted] - 06/15/2026)***

THIS REGULATION IS IMPORTANT BECAUSE 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.

EXECUTIVE DIRECTOR IS RESPONSIBLE FOR FIXING THE PROBLEM; TO IMMEDIATELY FIX THE PROBLEM, EXECUTIVE DIRECTOR REMOVED THE OXYGEN TANK FROM OUTSIDE THE EXECUTIVE DIRECTOR'S OFFICE AND

185a - Implement Storage Procedures (continued)

PUT INSIDE THE EXECUTIVE DIRECTOR'S OFFICE ON 5/19/2026, WHILE DHS REP WAS IN FACILITY. THE EXECUTIVE DIRECTOR CONTACTED THE DURABLE MEDICAL EQUIPMENT COMPANY TO REQUEST SECURE OXYGEN TANK HOLDERS FOR EVERY RESIDENT THE IS ORDERED OXYGEN. EFFECTIVE 6/10/2026 EXECUTIVE DIRECTOR AND RESIDENT CARE DIRECTOR WAS EDUCATED ON THE SAFETY AND STORAGE OF OXYGEN TANKS.

TO MAINTAIN LONG-TERM COMPLIANCE, EFFECTIVE 6/10/2026 EXECUTIVE DIRECTOR WILL AUDIT ALL OXYGEN TANKS FOR SAFE STORAGE WEEKLY FOR 90 DAYS. EXECUTIVE DIRECTOR IS RESPONSIBLE FOR MAINTAINING COMPLIANCE.
ATTACHED: OXYGEN SAFETY AND STORAGE TRAINING
POC IS COMPLETE

Licensee's Proposed Overall Completion Date: *06/11/2026*

Implemented [redacted] - 06/29/2026)

225c - Additional Assessment

3. 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 [redacted] most recent assessment dated [redacted] was not updated to include Wound Service information that was ordered on [redacted] and currently being provided to the resident.

Plan of Correction ***Accept [redacted] 06/15/2026)***

THIS REGULATION IS IMPORTANT BECAUSE THE RESIDENT SHALL HAVE ADDITIONAL ASSESSMENTS AS FOLLOWS, IF THE CONDITION OF THE RESIDENT SIGNIFICANTLY CHANGES PRIOR TO THE ANNUAL ASSESSMENT.

EXECUTIVE DIRECTOR IS RESPONSIBLE FOR FIXING THE PROBLEM; TO IMMEDIATELY FIX THE PROBLEM, EXECUTIVE DIRECTOR AND RESIDENT CARE COORDINATOR WAS EDUCATED 6/08/2026 ON SIGNIFICANT CHANGES IN A RESIDENT'S CONDITION AND HOW TO UPDATE THE RESIDENT ASSESSMENT SUPPORT PLAN.

TO MAINTAIN LONG-TERM COMPLIANCE, EFFECTIVE 6/10/2026 EXECUTIVE DIRECTOR AND RESIDENT CARE COORDINATOR WILL IMPLEMENT A SIGNIFICANT CHANGE ASSESSMENT TRACKING LOG AND MONITOR RESIDENTS EXPERIENCING CHANGES IN CONDITION AND ENSURE TIMELY COMPLETION OF REASSESSMENTS. RESIDENT ASSESSEMTNS AND SUPPORT PLANS WILL BE REVIEWED DIRING CLINICAL MEETINGS TO VERIFY THE REASSESSMENTS HAVE BEEN COMPLETED AND SUPPORT PLANS UPDATED AS NEEDED. THE EXECUTIVE DIRECTOR OR DESIGNEE WILL CONDUCT MONTHLY AUDITS OF RESIDENT RECORDS FOR THE NEXT 90 DAYS TO ENSURE COMPLIANCE. ANY DEFICIENCIES IDENTIFIED WILL BE CORRECTED IMMEDIATELY AND ADDITONAL STAFF EDUCATION PROVIDED AS NECESSARY.

ATTACHED: RASP TRAINING AND AUDIT FORMS
POC IS COMPLETE

Licensee's Proposed Overall Completion Date: *06/11/2026*

Implemented [redacted] 06/29/2026)