

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

September 15, 2026

[REDACTED]  
EM RURAL LIVING LLC  
[REDACTED]  
[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 06/16/2026, 06/26/2026, 06/29/2026, 06/30/2026, 07/06/2026, 07/22/2026, 07/15/2026 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

## Staffing Hours

**Resident Support Staff:** 0

**Total Daily Staff:** 29

**Waking Staff:** 22

## Inspection Information

**Type:** Partial

**Notice:** Unannounced

**BHA Docket #:**

**Reason:** Complaint

**Exit Conference Date:** 07/22/2026

## Inspection Dates and Department Representative

06/16/2026 - On-Site:

06/26/2026 - Off-Site:

06/29/2026 - Off-Site:

06/30/2026 - Off-Site:

07/06/2026 - Off-Site:

07/22/2026 - Off-Site:

07/15/2026 - Off-Site:

## 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:** 3

## 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:** 7

**Have Physical Disability:** 0

## Inspections / Reviews

06/16/2026 Partial

**Lead Inspector:** [REDACTED]

**Follow-Up Type:** POC Submission

**Follow-Up Date:** 08/24/2026

**08/24/2026 POC Submission**

Submitted By: [REDACTED]

Date Submitted: 09/04/2026

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 08/31/2026

**09/02/2026 POC Submission**

Submitted By: [REDACTED]

Date Submitted: 09/04/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission

Follow Up Date: 09/07/2026

**09/15/2026 Document Submission**

Submitted By: [REDACTED]

Date Submitted: 09/04/2026

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 23a Activities of Daily Living Assistance

## 1. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

## Description of Violation

Resident [REDACTED]'s assessment and support plan dated [REDACTED] indicates they require assistance with transferring, toileting, ambulation, personal hygiene, turning and repositioning in bed/chair, and the home's direct care staff will provide it. According to hospice notes, and hospice staff interviews, the resident was found on several occasions saturated in urine that covered the resident and their entire bed. On another occasion, the resident was found with dried feces in their vaginal area and on their thigh, to the point it had to be scraped off. On the following dates the resident was found in the same position as the prior day: [REDACTED]. According to one facility staff, they were told not to worry about the resident because hospice takes care of all the resident's needs.

## Plan of Correction

Accept [REDACTED] - 09/02/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/18/2026 by the Administrator to By 07/24/2026, the Administrator completed a 100% audit of all residents receiving hospice. Assessments accurately reflect resident care needs. Support plans/RASP identify required ADL assistance. Staff responsibilities are clearly assigned. Care services are being provided and documented appropriately. (7/24/2026). Starting 7/24/2026 a Daily Tracking Record and Turning/Repositioning Log will be utilized for residents requiring extensive assistance with personal care, mobility, bed bound, declining or repositioning. The resident needs will be discussed with Hospice, PCP and Family to make sure they are aware of the plan regarding a resident needs if they have changed. Beginning 07/01/2026, the Administrator will conduct audits of ADL documentation and support plan/Rasp implementation for residents receiving hospice services to ensure compliance.

To enhance the currently compliant operations, on 07/01/2026 the Administrator will The Resident Care Director/Administrator will monitor ongoing compliance through weekly audits for three months beginning 07/01/2026. Audit results will be reviewed monthly with the Administrator. Any identified concerns will result in immediate corrective action, staff counseling, and retraining as needed. Following the initial three-month period, audits will continue monthly through the facility's Quality Assurance program. Starting on 6/18/2026 the administrator will actively communicate with Hospice document interaction in the charting notes of the system. The administrator will also communicate actively with PCP and family with any changes of care needs, with a completion date of 09/07/2026.

Effective 08/31/2026 the Administrator will perform weekly reviews of Effective {08/31/2026} the ADMINISTRATOR/RCD will perform MONTHLY REVIEWS of ADLS, through {09/07/2026} to maintain ongoing compliance with Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes., through 09/07/2026 to maintain ongoing compliance with To prevent recurrence, the Resident Care Director will complete a 100% audit of all residents receiving hospice or third-party healthcare services by 08/31/2026 to ensure assessments, support plans, and required ADL services are accurately identified and implemented. By 09/02/2026 (STAFF MEETING), all direct care staff will receive education regarding ADL assistance requirements by administrator personally, hospice collaboration, repositioning, hygiene, incontinence care, and documentation expectations. Any deficiencies will be corrected immediately, and findings will be documented and reported to the AMINISTRATOR for further review and continuous improvement.

## 23a Activities of Daily Living Assistance (continued)

Licensee's Proposed Overall Completion Date: 09/07/2026

Implemented [REDACTED] - 09/15/2026)

## 42b - Abuse

## 2. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

Resident [REDACTED] required incontinence care for bowel and bladder management after the resident could no longer utilize a foley catheter. The resident was found on multiple occasions as documented in hospice summary notes saturated in urine and dried urine on the linens. The resident was also found with dried and caked on feces in the resident's vaginal area, that had to be scraped off. The resident's assessment and support plan dated 3/24/26 indicates the facility staff would turn and reposition the resident every 2 hours. However, when hospice returned to care for the resident it was determined that on the following dates the resident was found in the same position, propped up and with the same exact pillows as hospice had left them the day before: [REDACTED]

[REDACTED]. On 2 occasions the resident was found in the same adult brief as the day before. During the resident's stay from [REDACTED] through [REDACTED], the resident developed [REDACTED] on the [REDACTED], measuring 5 cm long and 5cm wide, and midline [REDACTED] wide from not being repositioned. Hospice notes and hospice agency staff interviews also indicated the resident's body became stiff and rigid from not being repositioned.

## Plan of Correction

Accept [REDACTED] 09/02/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/17/2026 by the administrator to Immediate Corrective Action: Resident [REDACTED] was discharged on 05/29/2026. Prior to discharge, wound care was provided per physician orders dated 03/28/2026. On 06/17/2026, the Administrator re educated direct care staff on mandatory reporting, neglect prevention, and continuous incontinence care duties regardless of hospice involvement.

To enhance the currently compliant operations, on 07/24/2026 the administrator will On 07/24/2026, the Administrator implemented a mandatory visual Bedside Repositioning Sheet that direct care staff must initial immediately after completing turning or brief changes. On 06/20/2026, the Administrator established a formal Hospice Communication "Charting notes" requiring the RCD/administrator to document all hospice interactions and report any care concerns immediately, with a completion date of 08/31/2026.

**42b - Abuse (continued)**

Effective 07/24/2026 the Administrator will perform weekly reviews of Effective 7/24/2026 the DIRECT CARE STAFF will perform 2 HOUR REPOSITIONING/BODY CHECKS of A RESIDENT WITH DECLINING NEEDS OR BED BOUND, to maintain ongoing compliance with ABUSE Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes., through 08/31/2026 to maintain ongoing compliance with Starting on 7/24/2026 The Administrator will review bedside tracking sheets daily and audit hospice communication logs weekly to ensure ongoing compliance. The Administrator/RCD will continue to communicate with Hospice,pcp and family with any care changes or needs of a Hospice Resident. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented [REDACTED] - 09/15/2026)

**141b1 - Annual Medical Evaluation****3. Requirements**

2600.

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

**Description of Violation**

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED]. The previous medical evaluation was completed on [REDACTED]

Repeated Violation: [REDACTED]

**Plan of Correction**

Accept [REDACTED] 09/02/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/18/2026 by the administrator to On 06/18/2026, the Administrator scheduled and completed an updated Medical Evaluation with Resident [REDACTED]'s primary care physician.

To enhance the currently compliant operations, on 06/18/2026 the Administrator will On 06/19/2026, the Administrator conducted a 100% audit of all active resident records to verify medical evaluation expiration dates. On 06/20/2026, the Administrator updated the Master Medical Evaluation Tracking System and printed a desk log to schedule evaluations 60 days prior to due dates, with a completion date of 08/31/2026.

Effective 06/18/2026 the administrator will perform monthly reviews of Effective 06/18/2026 the ADMINISTRATOR will perform MONTHLY RASP AND DME REVIEWS, through 09/07/2026 to maintain ongoing compliance with ANNUAL MEDICAL EVALS. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes., through 09/07/2026 to maintain ongoing compliance with The Administrator will review the Master Medical Evaluation Tracking Log on the 1st of every month to ensure appointments are scheduled and completed prior to expiration. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

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

Implemented [REDACTED] - 09/15/2026)

## 141b1 - Annual Medical Evaluation (continued)

## 225c - Additional Assessment

## 4. Requirements

2600.

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

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

## Description of Violation

Resident [REDACTED] assessment dated [REDACTED] indicates the resident is independent with eating and drinking. Per hospice notes, the resident required assistance for eating and drinking on [REDACTED]. On [REDACTED], the resident's foley catheter was removed and the resident required assistance with incontinence care. The assessment was not updated regarding the resident's current care needs.

Resident [REDACTED] most recent assessment was completed on [REDACTED]. The previous assessment was completed on [REDACTED].

Resident [REDACTED] requires the assistance of 2 staff person for transferring, toileting, and ambulation. The resident's assessment dated [REDACTED] does not indicate these needs.

Repeated Violation: [REDACTED]

## Plan of Correction

Accept [REDACTED] - 09/02/2026)

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/17/2026 by the administrator to Resident [REDACTED] was discharged on 05/29/2026. On 06/17/2026, the Administrator completed updated Support Plans/RASPs for Resident [REDACTED] (annual update) and Resident [REDACTED] (reflecting 2-person assistance for transfers, toileting, and ambulation).

To enhance the currently compliant operations, on 06/22/2026 the administrator will On 06/22/2026, the Administrator completed a 100% audit of all resident charts to compare documented assessments against actual physical care needs and annual timelines, with a completion date of 09/07/2026.

Effective 07/01/2026 the Administrator will perform weekly audits of Audits , through 09/07/2026 to maintain ongoing compliance with The Administrator/RCC will conduct weekly chart-to-resident alignment checks for 90 days and audit 100% of resident assessments monthly for timeliness. Please see attached. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: 09/07/2026

Implemented [REDACTED] 09/15/2026)

## 227d - Support Plan Medical/Dental

## 5. Requirements

**227d - Support Plan Medical/Dental (continued)**

2600.

227.d. Each home shall document in the resident's support plan the medical, dental, vision, hearing, mental health or other behavioral care services that will be made available to the resident, or referrals for the resident to outside services if the resident's physician, physician's assistant or certified registered nurse practitioner, determine the necessity of these services. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

**Description of Violation**

Resident [REDACTED]'s assessment dated [REDACTED] indicates the resident utilizes hospice services. The support plan dated [REDACTED] does not indicate what services hospice will provide.

**Plan of Correction****Accept [REDACTED] 09/02/2026)**

In response to the violation on [REDACTED] by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 06/17/2026 by the Administrator to Resident [REDACTED] was discharged on 05/29/2026. On 06/17/2026, the Administrator reviewed 2600.227(d) regulations and completed a thorough review of all current resident support plans.

To enhance the currently compliant operations, on 06/22/2026 the administrator will On 06/22/2026, the Administrator audited 100% of resident support plans utilizing outside healthcare providers (Hospice, Home Health, Physical Therapy) and updated them to explicitly outline the specific services provided by each outside agency, with a completion date of 09/07/2026.

Effective 06/18/2026 the administrator will perform monthly reviews of Effective 06/22/2026 the ADMINISTRATOR will perform MONTHLY REVIEWS of SUPPORT PLANS, through 09/07/2026 to maintain ongoing compliance with SUPPORT PLANS. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes., through 09/07/2026 to maintain ongoing compliance with The Administrator will review and sign off on all initial and updated Support Plans prior to final implementation to verify that all third-party services are fully documented. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

**Licensee's Proposed Overall Completion Date: 09/07/2026****Implemented [REDACTED] - 09/15/2026)**