

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

September 16, 2026

[REDACTED]
EM RURAL LIVING LLC
[REDACTED]
[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 07/08/2026 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: 0

Total Daily Staff: 40

Waking Staff: 30

Inspection Information

Type: Partial

Notice: Unannounced

BHA Docket #:

Reason: Complaint

Exit Conference Date: 07/08/2026

Inspection Dates and Department Representative

07/08/2026 - On-Site [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 60

Residents Served: 40

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: 40

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 0

Have Physical Disability: 0

Inspections / Reviews

07/08/2026 Partial

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 08/08/2026

08/26/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 09/10/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 08/28/2026

Inspections / Reviews (*continued*)

09/16/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 09/10/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

141b1 - Annual Medical Evaluation**1. Requirements**

2600.

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

Description of Violation

Resident [REDACTED]'s most recent medical evaluation was completed on [REDACTED]. However, the medical professional filling out the form did not check the necessary boxes including if the resident's needs can be safely met in a personal care home.

Resident [REDACTED]'s most recent medical evaluation was completed on [REDACTED]. However, the medical professional filling out the form did not check the necessary boxes including if the resident's needs can be safely met in a personal care home.

Resident [REDACTED]'s most recent medical evaluation was completed on [REDACTED]. However, the medical professional filling out the form did not check the necessary boxes including if the resident's needs can be safely met in a personal care home.

Plan of Correction**Accept [REDACTED] - 08/26/2026)**

THIS REGULATION IS IMPORTANT BECAUSE A RESIDENT SHALL HAVE AT LEAST ONE MEDICAL EVALUATION DONE ANNUALLY.

TO FIX THIS ISSUE IMMEDIATELY, THE RESIDENTS RECORD WAS REVIEWED BY RESIDENT CARE COORDINATOR, AND EXECUTIVE DIRECTOR AND THE REQUIRED ANNUAL MEDICAL EVALUATION WAS OBTAINED AND PLACED IN RESIDENT'S [REDACTED] AND [REDACTED] CHART. ON 8/1/2026, THE EXECUTIVE DIRECTOR AND RESIDENT CARE COORDINATOR WAS EDUCATED ON THE PROPER DOCUMENTATION OF A RESIDENT'S EVALUTION.

TO MAINTAIN COMPLIANCE THE EXECUTIVE DIRECTOR AND RESIDENT CARE COORDINATOR WILL AUDIT ALL RESIDENT'S MEDICAL EVALUATION TO ENSURE THE NECESSARY BOXES INCLUDING IF THE RESIDENT'S NEEDS CAN BE SAFELY MET IN A PERSONAL CARE HOME IS CHECKED BY THE PHYSICIAN. THE EXECUTIVE DIRECTOR WILL CONDUCT WEEKLY CHART AUDITS OF RESIDENT RECORDS FOR 90 DAYS EFFECTIVE 8/1/2026 TO VERIFY COMPLIANCE WITH ANNUAL MEDICAL EVALUATION REQUIREMENTS. ANY DEFICIENCIES IDENTIFIED WILL BE CORRECTED IMMEDIATELY AND STAFF WILL RECEIVE ADDITIONAL EDUCATION AS NEEDED.

POC 141.B -ATTACHED

WEEKLY/MONTHLY AUDIT-ATTACHED

DME RESIDENT [REDACTED]-ATTACHED

POC IS COMPLETE

Licensee's Proposed Overall Completion Date: 08/06/2026

Implemented [REDACTED] - 09/03/2026)**144c1 - Smoking Area Guidelines****2. 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:

144c1 - Smoking Area Guidelines (*continued*)

1. Proper safeguards inside and outside of the home to prevent fire hazards involved in smoking, including providing fireproof receptacles and ashtrays, direct outside ventilation, no interior ventilation from the smoking room through other parts of the home, extinguishing procedures, fire resistant furniture both inside and outside the home and fire extinguishers in the smoking rooms.

Description of Violation

At 9:40a.m., Resident [REDACTED] was observed smoking outside of the Beaver section of the home, which is not a designated smoking area. The designated smoking area is located outside the Atherton section of the home.

Plan of Correction

Accept [REDACTED] - 08/26/2026)

THIS REGULATION IS IMPORTANT BECAUSE A HOME THAT PERMITS SMOKING INSIDE OR OUTSIDE OF THE HOME SHALL DEVELOP AND IMPLEMENT A WRITTEN FIRE SAFETY POLICY AND PROCEDURES THAT INCLUDE THE FOLLOWING: PROPER SAFEGUARDS INSIDE AND OUTSIDE OF THE HOME TO PREVENT FIRE HAZARDS INVOLVED IN SMOKING, INCLUDING PROVIDING FIREPROOF RECEPTACLES AND ASHTRAYS, DIRECT OUTSIDE VENTILATION, NO INTERIOR VENTILATION FROM THE SMOKING ROOM THROUGH OTHER PARTS OF THE HOME, EXTINGUISHING PROCEDURES, FIRE RESISTANT FURNITURE BOTH INSIDE AND OUTSIDE THE HOME AND FIRE EXTINGUISHERS IN THE SMOKING ROOMS.

TO FIX THE ISSUE IMMEDIATELY, THE RESIDENT WAS IMMEDIATELY REDIRECTED TO THE FACILITY'S DESIGNATED SMOKING AREA LOCATED OUTSIDE THE ATHERTON HALL OF THE FACILITY. THE EXECUTIVE DIRECTOR, RESIDENT CARE COORDINATOR, AND STAFF WAS EDUCATED ON THE FACILITIES SMOKING POLICY AND PROCEDURE INCLUDING THE REQUIREMENTS TO ENSURE RESIDENT'S SMOKE ONLY IN THE DESIGNATED AREAS AND TO REDIRECT RESIDENT'S OBSERVED SMOKING IN AN UNAUTHORIZED LOCATION ON 8/3/2026. THE EXECUTIVE DIRECTOR AND RESIDENT CARE COORDINATOR REINFORCED RESIDENT'S AND EDUCATED THEM WITH THE FACILITY'S SMOKING POLICY AND PROCEDURES ON 8/3/2026.

EXECUTIVE DIRECTOR POSTED A NOT A DESIGNATED SMOKING AREA, NO SMOKING SIGNS IN THE BEAVER HALL AREA WHERE SMOKING IS PROHIBITED. THE DESIGNATED SMOKING AREA WAS INSPECTED TO ENSURE IT CONTAINS ALL REQUIRED FIRE SAFETY EQUIPMENT, INCLUDING FIREPROOF ASH RECEPTACLES AND A FIRE EXTINGUISHER.

TO MAINTAIN COMPLIANCE, THE EXECUTIVE DIRECTOR WILL CONDUCT WEEKLY AUDITS OF THE DESIGNATED SMOKING AREA AND MONITOR COMPLIANCE FOR 90 DAYS EFFECTIVE 8/3/2026. ANY RESIDENT OBSERVED SMOKING IN A NON-DESIGNATED AREA WILL BE IMMEDIATELY REDIRECTED TO THE DESIGNATED SMOKING AREA AND CORRECTIVE ACTION WILL BE DOCUMENTED.

SMOKING TRAINING-ATTACHED
WEEKLY/MONTHLY AUDIT-ATTACHED
NON-SMOKING SIGN-ATTACHED

POC IS COMPLETE

Licensee's Proposed Overall Completion Date: 08/06/2026

Implemented [REDACTED] - 09/16/2026)

225c - Additional Assessment

3. Requirements

2600.

225c - Additional Assessment (continued)

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 medical evaluation was completed on [REDACTED] and documents the level of assistance requires a 2 person assist. Staff interviews also indicate the resident [REDACTED] is a 2 person assist. The resident's assessment dated [REDACTED] does not include documentation that the resident requires a 2 person assist for transfers or body repositioning.

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED] and documents the level of assistance requires a 2 person assist. Staff interviews also indicate the resident [REDACTED] is a 2 person assist. The resident's assessment dated [REDACTED] does not include documentation that the resident requires a 2 person assist for transfers or body repositioning.

Resident [REDACTED] most recent medical evaluation was completed on [REDACTED] and documents the level of assistance requires a 2 person assist. Staff interviews also indicate the resident [REDACTED] is a 2 person assist. The resident's assessment dated [REDACTED] does not include documentation that the resident requires a 2 person assist for transfers or body repositioning.

Plan of Correction**Accepted [REDACTED] - 08/26/2026)**

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, AND TO INCLUDE DOCUMENTATION THAT THE RESIDENT REQUIRES A 2 PERSON ASSIST FOR TRANSFERS OR BODY REPOSITIONING.

TO IMMEDIATELY FIX THIS ISSUE, THE EXECUTIVE DIRECTOR AND RESIDENT CARE COORDINATOR IDENTIFIED RESIDENT [REDACTED] AND [REDACTED] CONDITION HAD CHANGED AND THE RESIDENT REQUIRED A 2 PERSON ASSIST FOR TRANSFERS AND OR REPOSITIONING, AN UPDATED RESIDENT ASSESSMENT AND SUPPORT PLAN WAS COMPLETED TO ACCURATELY REFLECT THE RESIDENT'S CURRENT NEEDS ON 8/1/2026. THE RESIDENT ASSESSEMENT AND SUPPORT PLAN WAS REVIEWED AND REVISED AS NEEDED. THE EXECUTIVE DIRECTOR, RESIDENT CARE COORDINATOR AND STAFF WAS EDUCATED ON 8/3/2026 ON THE UPDATED TRANSFERAND REPOSITIONING REQUIREMENTS TO ENSURE THE RESIDENT RECEIVES APPOPRIATE CARE AND ASSISTANCE.

TO MAINTAIN COMPLIANCE THE EXECUTIVE DIRECTOR OR RESIDENT CARE COORDINATOR WILL REVIEW ALL RESIDENT ASSESSMENT AND SUPPORT PLAN WITH SIGNIFICANT CHANGES IN CONDITION TO ENSURE AN UPDATED ASSESSMENT AND SUPPORT PLAN ARE COMPLETED PROMPTLY. A MONTHLY AUDIT OF RESIDENT'S WITH SIGNIFICANT CHANGES IN CONDITION WILL BE CONDUCTED TO VERIFY COMPLIANCE AND ENSURE ASSESSMENTS ARE COMPLETED IN A TIMELY MANNER EFFECTIVE 8/3/2026, AND AUDITS WILL BE CONDUCTED MONTHLY FOR 90 DAYS.

WEEKLY/MONTHLY AUDIT-ATTACHED
RASP RES [REDACTED]-ATTACHED
RASP TRAINING-ATTACHED

POC IS COMPLETE

Licensee's Proposed Overall Completion Date: 08/06/2026

Implemented [REDACTED] - 09/16/2026)