

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

November 10, 2025

[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 10/02/2025 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 STATE COLLEGE License #: 23225 License Expiration: 09/28/2025  
 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: 06/08/2015 Issued By: Centre Code

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 53 Waking Staff: 40

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Interim Exit Conference Date: 10/02/2025

**Inspection Dates and Department Representative**

10/02/2025 - On-Site [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 60 Residents Served: 43  
 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: 43  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 10 Have Physical Disability: 0

**Inspections / Reviews**

10/02/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 10/27/2025

11/03/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 11/10/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 11/10/2025

Inspections / Reviews (*continued*)

## 11/10/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2025

Reviewer: [REDACTED]

Follow Up Type: *Bypass Document  
Submission*

## 11/10/2025 Bypass Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/10/2025

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

81b - Resident Personal Equipment

1. 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

The residents in rooms [redacted] and [redacted] utilize an enabler bar to transfer and reposition. The enabler bars were not secure, they both moved 6 inches to the left and 6 inches to the right, parallel to the mattress, making them unstable.

Plan of Correction

Accept [redacted] - 11/10/2025)

THIS REGULATION IS IMPORTANT BECAUSE KEEPING WHEELCHAIRS, WALKERS, PROSTHETIC DEVICES AND OTHER APPARATUS USED BY RESIDENTS MUST BE CLEAN, IN GOOD REPAIR AND FREE OF HAZARDS ARE LESS LIKELY TO CAUSE INJURY OR ILLNESS.

TO CORRECT THE DEFICIENCY RIGHT AWAY THE FAMILY OF RESIDENT IN RM [redacted] PURCHASED HEAVY DUTY RATCHET STRAPS TO SECURE THE ENABLER BAR DIRECTLY TO THE BED FRAME. MAINTANCE SECURED THE STRAPS TO THE BED. RESIDENT IN ROOM #57 IS IN THE HOSPITAL, WHEN THE RESIDENT IS BEING DISCHARGED BACK TO THE FACILITY THE FAMILY WILL HAVE THE RATCHET STRAPS AVAILABLE BEFORE SHE DISCHARGES. POC COMPLETED ON 10/23/2025

TO MAINTAIN LONG-TERM COMPLIANCE, ADMINISTRATOR WILL DO WEEKLY ENABLER BAR AUDITS FOR 3 MONTHS. ADMINISTRATOR IS RESPONSIBLE FOR THE TASK AND WILL MAINTAIN COMPLIANCE.

ATTACHED-ENABLER BAR AUDIT  
ATTACHED-PICTURE OF THE ENABLER BAR  
POC IS COMPLETE

Licensee's Proposed Overall Completion Date: 11/05/2025

Implemented [redacted] - 11/10/2025)

101j7 - Lighting/Operable Lamp

2. Requirements

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The resident in room [redacted] did not have a light that could be reached from the bedside.

Plan of Correction

Accept [redacted] - 11/10/2025)

THIS REGULATION IS IMPORTANT BECAUSE ENSURING EACH RESIDENT HAS AN OPERABLE LAMP OR OTHER SOURCE OF LIGHTING THAT CAN BE TURNED ON AT BESIDE REDUCES THE RISK OF FALL OR INJURY.

TO CORRECT THE DEFICIENCY RIGHT AWAY THE FACILITY ORDERED PUSH LIGHTS THAT WAS MOUNTED ON

101j7 Lighting/Operable Lamp (continued)

THE SIDE OF THE WALL BY RESIDENT [REDACTED] BED, AND ONE ON THE SIDE OF RESIDENT [REDACTED] MINI FRIDGE. POC COMPLETED ON 10/23/2025

TO MAINTAIN LONG TERM COMPLIANCE, ADMINISTRATOR WILL DO WEEKLY ROOM AUDITS FOR 3 MONTHS TO ENSURE THAT THE RESIDENT HAS AN OPERABLE LAMP AND THAT IT IS IN REACH AND IN GOOD WORKING CONDITION.

ADMINISTRATOR IS RESPONSIBLE FOR TASK AND WILL MAINTAIN COMPLIANCE.  
ATTACHED PICTURE OF TOUCH LIGHT  
ATTACHED WEEKLY ROOM AUDIT  
POC IS COMPLETE

Licensee's Proposed Overall Completion Date: 11/05/2025

Implemented [REDACTED] - 11/10/2025)

183e - Storing Medications

3. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

On [REDACTED] Resident [REDACTED] was dated [REDACTED] as being opened. This medication was in the medication cart. According to the manufacturer's instructions this medication should be discarded after being open 28 days.

Plan of Correction

Accept [REDACTED] - 11/10/2025)

THIS REGULATION IS IMPORTANT BECAUSE PRESCRIPTION MEDICATIONS, OTC MEDICATIONS AND CAM SHALL BE STORED IN AN ORGANIZED MANNER UNDER PROPER CONDITIONS OF SANITATION, TEMPERATURE, MOISTURE AND LIGHT AND IN ACCORDANCE WITH THE MANUFACTURER'S INSTRUCTIONS TO ENSURE THE SAFETY OF THE RESIDENT'S.

RESIDENT [REDACTED] WAS DATED 8/25/25 AS BEING OPENED. RESIDENT #1 WAS OUT OF FACILITY FOR SEVERAL WEEKS, IN WHICH WHEN RESIDENT [REDACTED] WAS IN THE FACILITY THE INSULIN WAS NOT EXPIRED.

TO CORRECT THE DEFICIENCY RIGHT AWAY, ADMINISTRATOR DISPOSED THE [REDACTED] IN THE SHARPS CONTAINER WHILE THE DEPARTMENT REPRESENTATIVES WAS PRESENT. AN EDUCATION ON INSULIN EXPIRATION DATES WAS CONDUCTED ON 10/20/2025, WITH ALL OF THE MEDICATION TECHS. POC COMPLETED ON 10/23/2025, INSULIN AUDITS STARTED ON 10/23/2025.

TO MAINTAIN LONG TERM COMPLIANCE ADMINITRATOR WILL PERFORM WEEKLY INSULIN AUDITS WITH OPEN/EXPIRED DATES FOR 3 MONTHS. ADMINISTRATOR IS RESPONSIBLE FOR TASK AND WILL MAINTAIN COMPLIANCE. POC STARTED ON 10/23/2025

183e Storing Medications (continued)

ATTACHED INSULIN EDUCATION OPEN/EXPIRED DATES

ATTACHED WEEKLY INSULIN AUDITS

Licensee's Proposed Overall Completion Date: 11/05/2025

Implemented [REDACTED] - 11/10/2025)