

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE

CERTIFICATE OF COMPLIANCE

This Certificate is hereby granted to THREE READING, LP
LEGAL ENTITY

To operate THE MANOR AT MARKET SQUARE
NAME OF FACILITY OR AGENCY

Located at 803 PENN STREET, READING, PA 19601
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE _____ ADDRESS OF SATELLITE SITE

To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 65
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from October 20, 2011 until October 20, 2012,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205890

Robert E. Robinson

ISSUING OFFICER

[Signature]

DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.

PW 628 - 01/11



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF PUBLIC WELFARE
PO BOX 2675
HARRISBURG, PENNSYLVANIA 17105-2675

ADULT RESIDENTIAL LICENSING

OCT 31 2011

PHONE: (717) 783-3670
FAX: (717) 783-5662

Ms. Lori A. Prevost, Executive Director
Three Reading, LP
The Manor at Market Square
803 Penn Street
Reading, Pennsylvania 19601

Dear Ms. Prevost:

As a result of the Department of Public Welfare's licensing inspection on September 21, 2011 of the above personal care home, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed Violation Report were found.

All violations specified on the enclosed Violation Report must be corrected by the dates specified on the Violation Report and continued compliance with 55 Pa.Code Ch. 2600 must be maintained. As soon as each violation is corrected, notify the Department's Regional Office of Adult Residential Licensing so that compliance can be verified.

A regular license is being issued based on the enclosed Violation Report. Your license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky", with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

| | | | |
|---|-----------------|--|------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME THE MANOR AT MARKET SQUARE, 803 PENN STREET READING, PA 19601 | | CURRENT LICENSE NUMBER 205890 | |
| INSPECTION DATES (Include all dates of the inspection) 09/21/2011 | | REGIONAL REPRESENTATIVE Florence Babiarz, Meriann O'Malley | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) Lori A. Prevost, Executive Director | | | |
| SIGNATURE OF LEGAL ENTITY <i>Lori A. Prevost</i> | DATE 10/7/11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Graziano</i> | DATE 10-13-11 |

| REGULATION 55 Pa.Code §2600 | VIOLATION | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE COMPLIANCE VERIFIED BY OFFICE | DATE COMPLIANCE VERIFIED BY FIELD OFFICE |
|---|--|-----------------------------|---|---------------------------------------|---|
| 85a Sanitary conditions shall be maintained. | Staff Person "A" reported that residents with diabetes who require assistance monitoring their blood glucose levels share the home's glucometer. The shared use of finger stick devices places residents in the home's care at risk for infection. | 9/27/11 | All residents that require assistance in monitoring their blood glucose levels now have their own glucometer. Four of these monitors were received on 9/21/11 from The Medicine Shoppe (see Exhibit A) and the other three were received on 9/27/11 (see exhibit B). Any future residents that require monitoring of their blood glucose will receive their own monitor. These monitors are labeled with the resident's name and room number. The Clinical Care Manager (CLPN) will monitor for ongoing compliance. | OCT 11 2011 | 10-13-11 |

SCRANTON FIELD OFFICE
 Adult Residential Licensing

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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|---|---------------------|---|----------------------|
| NAME AND ADDRESS OF PERSONAL CARE HOME THE MANOR AT MARKET SQUARE, 803 PENN STREET READING, PA 19601 | | CURRENT LICENSE NUMBER 205890 | |
| INSPECTION DATES (Include all dates of the inspection) 09/21/2011 | | REGIONAL REPRESENTATIVE Florence Babiarz, Meriann O'Malley | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) | | | |
| SIGNATURE OF LEGAL ENTITY <i>John P. ...</i> | DATE 10/7/11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane ...</i> | DATE 10-13-11 |

| REGULATION 55 Pa.Code §2600 | VIOLATION | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE COMPLIANCE VERIFIED BY |
|--|---|-----------------------------|--|-----------------------------|
| 103i Outdated or spoiled food or dented cans may not be used. | <p>The side-by-side freezer in the kitchen contained a box of Krusteal Waffles with 2 unopened, sealed bags of waffles and one opened half full bag of waffles inside. The box nor the bags were dated.</p> <p>The home's walk in refrigerator contained an opened 5 lbs pound box of Berks Beef Franks. The franks were in a clear unsealed plastic bag. Neither the box nor the bag inside was dated.</p> <p>The following undated items were found in plastic containers in the kitchen food storage area:</p> <p>(3) 22 quart clear plastic containers labeled flour, rice and sugar identified the products inside but had no dates on the label or container indicating date of purchase.</p> <p>A 12 quart clear plastic container labeled cocoa had no date of purchase as is required for food stored outside of its original packaging.</p> | 9/26/11 | <p>The waffles, hot dogs, flour, sugar, rice, and cocoa that were not dated were dated immediately. The facility has purchased ^{reservable} labels to use to stick on all containers/ food products once they are opened. The date that is was opened and the staff initials will be on the label. Any food product that is opened will immediately be labeled. The Food Service Director will monitor for ongoing compliance in his daily walk through of the kitchen.</p> | 10-13-11 <i>ADJ</i> |

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| NAME AND ADDRESS OF PERSONAL CARE HOME THE MANOR AT MARKET SQUARE, 803 PENN STREET READING, PA 19601 | | CURRENT LICENSE NUMBER 205890 | |
| INSPECTION DATES (Include all dates of the inspection) 09/21/2011 | | REGIONAL REPRESENTATIVE Florence Babiarz, Meriann O'Malley | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) | | | |
| SIGNATURE OF LEGAL ENTITY <i>John Prewitt</i> | DATE 10/7/11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Diane Graziano</i> | DATE 10-13-11 |

| REGULATION 55 Pa.Code §2600 | VIOLATION | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE COMPLIANCE VERIFIED BY |
|---|--|---|--|--------------------------------|
| 107c The home shall maintain at least a 3-day supply of nonperishable food and drinking water for residents. | The home's contract with The Water Guy dated 7.9.2009, does not specify that water will be delivered "immediately" in the event of an emergency. | 10/6/11 notification 10/11/11 delivery date | The water Guy cannot specify in the contract that the water will be delivered "immediately" to our site in case of an emergency. We have decided to keep the emergency water supply on site to comply with this regulation. (See Exhibit C). Our supplier will deliver 40 → 5 gallons containers of water which will cover our need. (see exhibit explanation). The stock will be rotated with each water delivery to make sure that it does not expire. Executive Director will monitor ongoing compliance. | <i>[Signature]</i> 10-13-11 |

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| INSPECTION DATES (Include all dates of the inspection) 09/21/2011 | | REGIONAL REPRESENTATIVE Florence Babiarz, Meriann O'Malley | |
| PRINTED NAME AND TITLE OF LEGAL ENTITY REPRESENTATIVE SIGNING PLAN OF CORRECTION (Required on FIRST PAGE only unless multiple representatives produce the plan) | | | |
| SIGNATURE OF LEGAL ENTITY <i>John Crest</i> | DATE 10/7/11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>June Grazian</i> | DATE 10-13-11 |

| REGULATION 55 Pa.Code §2600 | VIOLATION | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE COMPLIANCE VERIFIED BY |
|--|--|-----------------------------|--|-------------------------------|
| 125a Combustible and flammable materials may not be located near heat sources or hot water heaters. | <p>The East end laundry area located on the 4th floor had 1 blue hand towel, 1 purple shirt, and 1 white towel behind the white GE dryer.</p> <p>The East end laundry area located on the 2nd floor had 1 white sock and 1 tissue behind the white GE dryer.</p> <p>The West end laundry area located on the 1st floor had 2 pairs of Haines underwear behind the white GE dryer. These present as potential fire hazards.</p> | 9/28/11 | <p>All pieces of clothing that were behind the three dryers listed were immediately removed. The care assistant that is assigned to do resident laundry every day now checks behind all dryers to make sure that they are clear and checks this off on a daily checklist (Exhibit D). Also a housekeeper is assigned every day to check all dryer lint traps and behind every dryer to make sure that they are clear and fills out a checklist (Exhibit E). Director of housekeeping will monitor ongoing compliance in her weekly rounds of the building.</p> | <p><i>AG</i> 10-13-11</p> |

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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| INSPECTION DATES (Include all dates of the inspection) 09/21/2011 | | REGIONAL REPRESENTATIVE Florence Babiarz, Meriann O'Malley | |
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| SIGNATURE OF LEGAL ENTITY <i>Joni A. Puelot</i> | DATE 10/7/11. | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Deane H. Hoesly</i> | DATE 10-13-11 |

| REGULATION 55 Pa.Code §2600 | VIOLATION | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE COMPLIANCE VERIFIED BY |
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| 141a The medical evaluation shall include the following: (1) A general physical examination by a physician, physician's assistant or nurse practitioner. (2) Medical diagnosis including physical or mental disabilities of the resident, if any. (3) Medical information pertinent to diagnosis and treatment in case of an emergency. (4) Special health or dietary needs of the resident. (5) Allergies. (6) Immunization | Resident #1, date of admission 11/20/2008, has a medical evaluation dated 05/05/11 that refers to an attachment for a list of medications. The attachment was not signed and dated by the physician on the day the medical evaluation was completed. Resident #2, date of admission 12/02/2010, has a medical evaluation dated 12/02/2010 that refers to an attachment for a list of medications. The attachment was not signed and dated by the physician on the day the medical evaluation was completed. Repeated Violations: 06/03/2010 | 10/6/11 | New medical evaluations received for residents #1 and #2. (see exhibit F + G) A complete audit of all personal care residents was completed to make sure that all medical evaluations are in compliance. All medical evaluations will be checked for accuracy and signatures/dates during their yearly updates. Clinical Care Manager (CCM) will ensure ongoing compliance. | Steps have been taken to correct violation; full compliance is not verifiable Date 10-13-11 Initials (DPM) <i>DP</i> |

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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| INSPECTION DATES (Include all dates of the inspection) 09/21/2011 | | REGIONAL REPRESENTATIVE Florence Babiarz, Meriann O'Malley | |
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| SIGNATURE OF LEGAL ENTITY <i>John A. Pincot</i> | DATE 10/7/11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Aimee Graziano</i> | DATE 10-13-11 |

| REGULATION 55 Pa.Code §2600 | VIOLATION | DATE COMPLIANCE VERIFIED BY | PLAN OF CORRECTION (include a step-by-step plan to correct the specific violation, as well as a plan to assure the violation does not recur) | DATE COMPLIANCE VERIFIED BY |
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| history. (7) Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications. (8) Body positioning and movement stimulation for residents, if appropriate. (9) Health status. (10) Mobility assessment, updated annually or at the Department's request. | (cont'd) <i>See previous page</i> | | | |

VIOLATION REPORT
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| SIGNATURE OF LEGAL ENTITY <i>John Puelert</i> | DATE 10/7/11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Ann Grozier</i> | DATE 10-13-11 |



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|--|--|-----------------------------|---|--|
| 141b2 A resident shall have a new medical evaluation if the medical condition of the resident changes prior to the annual medical evaluation. | Resident #4, date of admission 01/31/2011, was began Hospice Services on 02/01/2011. The resident's medical evaluation dated 02/01/2011 did not indicate that the resident had a change in status and required hospice services. | 10/5/11 | <p>New medical evaluation was received from the physician for Resident #4 that specifies hospice services. (see exhibit #)</p> <p>Resident #4 is currently the only resident in house that is receiving hospice services.</p> <p>All future residents that are admitted will have hospice services specified on their medical evaluations</p> <p>The Clinical Care Manager (CPN) will ensure ongoing compliance with this matter when a resident starts hospice services.</p> | <p>Steps have been taken to correct violation; full compliance is not verifiable</p> <p>Date: 10-13-11 Initials (D/P/W): <i>BJ</i></p> |

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa. Code Chapter 2600

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| SIGNATURE OF LEGAL ENTITY <i>Jodi A. Prewitt</i> | DATE 10/7/11 | REGIONAL LICENSING APPROVAL OF PLAN OF CORRECTION <i>Anne H. Hagan</i> | DATE 10-13-11 |

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|---|--|-----------------------------|--|--|
| 225c The resident shall have additional assessments as follows: (1) Annually. (2) If the condition of the resident significantly changes prior to the annual assessment. (3) At the request of the Department upon cause to believe that an update is required. | The assessment dated 01/31/2011 was not updated for resident #4, date of admission 01/31/2011, was not updated to reflect Hospice Services which began 02/01/2011. | 10/5/11 | <p>The assessment for resident #4 was updated to specify hospice services (see Exhibit I). Resident #4 is currently the only resident in the building receiving hospice services.</p> <p>Any future residents requiring hospice services will have a new assessment completed/updated when they go onto hospice services. The Clinical Care Manager (CCM) will ensure ongoing compliance with this matter when a resident starts hospice services.</p> | <p style="text-align: center;">Steps have been taken to correct violation; full compliance is not verifiable</p> <p style="text-align: center;">Date: 10-13-11 Initials (DPW): <i>CA</i></p> |

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

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|---|---|-----------------------------------|---|---|---|
| 227c The support plan shall be revised within 30 days upon completion of the annual assessment or upon changes in the resident's needs as indicated on the current assessment. | The support plan dated 02/01/2011 was not updated for resident #4, date of admission 01/31/2011, was not updated to reflect Hospice Services which began on 02/01/2011. | 10/5/11 | <p>The support plan for resident #4 was updated to reflect hospice services received. (see Exhibit J) Resident #4 is currently the only resident in the building receiving hospice services.</p> <p>Any future residents requiring hospice services will have a new support plan completed/updated when they go on hospice services. The Clinical Care Manager (LPN) will ensure ongoing compliance with this matter when a resident starts hospice services.</p> | Date 10-13-11 Initials (DPW) DPW | Steps have been taken to correct violation; full compliance is not verifiable |