

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, 2012 until October 20, 2013,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: 205890

Robert E. Robinson

ISSUING OFFICER

R. C. King

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



SEP 18 2012

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 (Department) licensing inspection on August 1, 2012 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 Human Services 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 "Ronald Melusky". The signature is written in a cursive style with a long horizontal stroke extending to the right.

Ronald Melusky
Director

Enclosures
License
Violation Report

Violation Report: 20589 - 08/01/2012 - O'Haire, Anne
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600
 2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION
 On 8/21/12 resident # 1 hit resident #2 on the top of the head with a closed fist. Resident # 2 then attempted to hit resident # 1, however resident # 1 grabbed resident #2's wrist causing a bruise. Resident # 2 was sent to the hospital for evaluation; however neither resident received any injuries. The home failed to report this incident of resident to resident abuse to the local Area Agency on Aging as required under the Older Adult Protective Services Act.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

This incident was reported to The Berks County Office of Aging on August 8, 2012. All information regarding the above incident was taken by an intake counselor. No further action was required per the intake counselor regarding this specific incident. All future incidents will be immediately reported to the Department of Public Welfare and the Berks County Office of Aging. Recommendation from the Office of Aging will determine if further action needs to be taken on a specific incident. Executive Director will monitor ongoing compliance.

Exec. Dir or designee will review incident reports to insure that additional reporting to the local AAA take place as required QQ 9-10-12

| | | | |
|----------------------|-----------------------------------|--|--|
| Repeat Violation: No | Date(s) of Previous Violation(s): | | |
|----------------------|-----------------------------------|--|--|

Signature of Legal Entity Representative
 (Required on EVERY Page) *Lori A. Prevost*

| | |
|--|--------------------|
| Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lori A. Prevost, Executive Director</i> | Date <i>8/8/12</i> |
|--|--------------------|

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

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|---|--|
| The above plan of correction is approved as of <u>9-10-12</u> (Date) The above plan of correction was approved by <u>QQ</u> (Initials) | Plan of correction implementation status as of <u>9-10-12</u> (Date) <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |
|---|--|

Violation Report: 20589 - 08/01/2012 - OHaire, Anne
PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600
2600.181(c) - A resident who desires to self-administer medications shall be assessed by a physician, physician's assistant or certified registered nurse practitioner regarding the ability to self-administer and the need for medication reminders.

2a. DESCRIPTION OF VIOLATION
On 8/1/12 Department Representatives observed a bottle of Aspirin 81mg sitting on the kitchenette counter top located in resident #3's room. The medical evaluation completed for resident # 3 dated 10/7/11 states the resident can self-administer medications with assistance to store medications in a secure place as well as assistance in remembering the schedule and therefore the resident has not been assessed to self-administer medications without assistance.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary.. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

An order was received by resident #3 physician to self administer Aspirin 81mg daily. This order was received on August 7, 2012. (see attachment)

Care assistants on a daily basis will monitor for any medications in resident's rooms that are not to be self administered. Ability to self administer for this resident and all who self administer will be assessed on a quarterly basis.

A letter was sent to all residents and family members reminding them not to bring in any medications for any residents before checking with the nurse.

Ongoing compliance will be monitored by our Clinical Care Manager, LPN.

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Lon A. Prevost*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Lon A. Prevost Date 8/8/12

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| | |
|---|---|
| The above plan of correction is approved as of <u>9-10-12</u> (Date) | Plan of correction implementation status as of <u>9-10-12</u> (Date) |
| The above plan of correction was approved by <u><i>LP</i></u> (Initials) | <input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented - Adequate Progress <input type="checkbox"/> Partially Implemented - Inadequate Progress <input type="checkbox"/> Not Implemented |