



**pennsylvania**  
DEPARTMENT OF PUBLIC WELFARE

OCT 04 2013

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 August 22, 2013, of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) must be maintained.

Your regular license for the period October 20, 2013 to October 20, 2014 was issued on July 10, 2013. Your regular license remains in good standing.

Sincerely,

A handwritten signature in black ink, appearing to read "R. Melusky".

Ronald Melusky  
Director

Enclosure  
License Inspection Summary

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

PCH Name: THE MANOR AT MARKET SQUARE		License Number: 20589
Address: 803 PENN STREET, READING, PA 19601		County: Berks
Administrator: Lori Prevost		Region: NORTHEAST
Legal Entity Name: THREE READING LP		
Legal Entity Address: 803 PENN STREET, READING, PA 19601		
<b>Certificate(s) of Occupancy</b>		
C-2 LP 08/01/2000 L & I	Other 08/01/2000 City of Reading	
<b>Staffing Hours</b>		
Resident Support: 0	Total Daily Staff: 55	Waking Staff: 41
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
<b>Reason(s) for inspection(s)</b> Renewal		
<b>On-Site Inspections Dates and Department Representatives On-Site</b> 08/22/2013: Harvey, Jason; Dumas, Gerald		
<b>Off-Site Inspection Dates and Inspectors, if Applicable</b>		
<b>Other Details</b>		
Partial or Full Triggers:		Random Indicators:
<b>Resident Demographic Data as of Inspection Dates</b>		
Licensed Capacity: 65 Number of Residents Served: 50 Secured Dementia Care Unit in Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 1 Number of Hospice Residents in past year: 3		<b>Number of Residents who:</b> Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 50 Have Mental Illness: 1 Have an Intellectual Disability: 0 Have a Mobility Need: 5 Have a Physical Disability: 0

Violation Report: 20589 - 08/22/2013 - Harvey, Jason  
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600  
 2600.85(a) - Sanitary conditions shall be maintained.

2a. DESCRIPTION OF VIOLATION  
 Approximately 15 fruit flies were observed swarming around 2 empty aluminum soda cans in the kitchen's pantry.

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.

The dry storage area (Kitchen's pantry) was treated for fruit flies on August 30, 2013 by our pest control company Erlich. The soda cans in this area were thrown away and the staff was instructed not to have soda cans or other personal food items anywhere in the kitchen that could attract pests. No fruit fly have been noted anywhere in the kitchen since the treatment. Dietary manager will continue to monitor for ongoing compliance and report any pest sightings. Erlich will also inspect on their regularly scheduled visit monthly. Executive Director will also monitor for compliance and advise Erlich of any additional treatment needs.

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) *Lori A. Prevost*      Date *9/19/13.*

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

The above plan of correction is approved as of 9/25/13  
 (Date)

Plan of correction implementation status as of 9/25/13  
 (Date)

The above plan of correction was approved by *[Signature]*  
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 20589 - 08/22/2013 - Harvey, Jason  
 PCH Name: THE MANOR AT MARKET SQUARE

**1. REGULATION 55 Pa.Code §2600**

2600.144(c)(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.

**2a. DESCRIPTION OF VIOLATION**

The outside smoking area had numerous cigarette butts on the ground near the picnic table and the left side of the building.

**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.*

Cigarette butts were cleaned up by the maintenance staff on the day of survey. Maintenance staff will do daily clean ups of that area in the rear of the building and the entire exterior area for trash and butts. Staff was also inserviced to dispose of trash and cigarette butts in the fire proof receptacles <sup>+ trash containers</sup> immediately. Any violation of this policy by staff will lead to disciplinary action. Maintenance Director will monitor for ongoing compliance daily to ensure that exterior grounds are butt and garbage free. Executive Director will monitor ongoing compliance in external rounds weekly with Maintenance Director.

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 (Required on EVERY Page) *Lori A. Prevost*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Lori A. Prevost*      Date *9/19/13*

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Violation Report: 20589 - 08/22/2013 - Harvey, Jason  
 PCH Name: THE MANOR AT MARKET SQUARE

**1. REGULATION 55 Pa.Code §2600**

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.

**2a. DESCRIPTION OF VIOLATION**

The Resident's Assessment Support Plan (R.A.S.P.) for Resident #1 dated 3/26/13 did not include the home health services which began on 7/23/13.

**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.

The above violation was corrected at time of survey. Home Health services were added to the RASP for Resident #1 with the beginning date of 7/23/13. Going forward whenever a personal care resident is seen by an outside agency such as a home health care service, it will be added to the RASP immediately. The Clinical Care Manager, LPN will monitor for compliance ongoing.

The Administrator shall assume ongoing compliance.

*m*  
9/25/13

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lori A. Prevost*      Date *9/19/13*

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Violation Report: 20589 - 08/22/2013 - Harvey, Jason  
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600  
 2600.252 - Each resident's record must include the following information: (1) through (26)

2a. DESCRIPTION OF VIOLATION

The records for resident's #2 date of admission 8/11/09, and resident #3 date of admission 8/19/13, did not include color of eyes.

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.

The above violation was corrected at time of survey. Eye color was added to both resident's (number 2 and number 3) face sheets. When a new resident is admitted to the personal care program, we will immediately identify and document their personal traits. All spaces on the face sheet going forward will be correctly filled in. Clinical Care Manager, LPN will monitor for ongoing compliance. Also Executive Director will do monthly audits of new resident charts to monitor compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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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</i>	Date <i>9/19/13</i>
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