



pennsylvania
DEPARTMENT OF PUBLIC WELFARE

Sent via email to: [REDACTED]

MAILING DATE: June 25, 2014

Ms. Lori A. Prevost, Executive Director
Three Reading, LP
803 Penn Street
Reading, Pennsylvania 19601

RE: The Manor at Market Square
License: #205890

Dear Mr. Prevost:

As a result of the Department of Public Welfare's licensing inspection on June 3, 2014 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 must be maintained.

Sincerely,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

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

PCH Name: THE MANOR AT MARKET SQUARE		License Number: 205890
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		
Certificate(s) of Occupancy		
C-2 LP 08/01/2000 L&I	Other 08/01/2000 City of Reading	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 47	Waking Staff: 35
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
06/03/2014: Novak, Ryan		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 65 Number of Residents Served: 45 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: 5	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 44 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 2 Have a Physical Disability: 0	

Violation Report: 20589 - 06/03/2014 - Novak, Ryan
 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 5/8/14, an allegation of resident abuse between Resident #1 and Resident #2 was reported to the home. The home did not notify the local area agency on aging of the alleged abuse.

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 alleged incident was reported in a timely fashion to the Department of Public Welfare, however was not reported timely to the local area agency on aging. To correct this, the Executive Director reported the incident to the Berks County office of aging on June 19, 2014. The report of the incident was given to [redacted] intake worker. He took all of the information and did not deem it necessary to file an Act 13 report.

In the future, with any cases of suspected abuse between residents, a report will immediately be sent to the DPW and a report will be made to the Berks County Office of Aging. If a report needs to be made for an Act 13, this will also be done.

The nurse will ensure ^{ongoing} compliance as with the Executive Director.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative (Required on EVERY Page) *Lori Prevost*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Lori Prevost, Executive Director</i>	Date <i>6/20/14</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/24/14
 (Date)

Plan of correction implementation status as of 6/24/14
 (Date)

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

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