



pennsylvania

DEPARTMENT OF HUMAN SERVICES

Sent via email to: [REDACTED]

MAILING DATE: August 20, 2015

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

RE: The Manor at Market Square
License: #205890

Dear Ms. Prevost:

As a result of the Department of Human Services' licensing inspection on July 7, 2015 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,

A handwritten signature in black ink that reads "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: 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					
Certificate(s) of Occupancy C-2 LP 08/01/2014 PA Dept. L&I					
Staffing Hours <table style="width: 100%;"><tr><td style="width: 33%;">Resident Support: 0</td><td style="width: 33%;">Total Daily Staff: 56</td><td style="width: 33%;">Waking Staff: 42</td></tr></table>			Resident Support: 0	Total Daily Staff: 56	Waking Staff: 42
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<table style="width: 100%;"><tr><td style="width: 33%;">Type of Inspection: Partial</td><td style="width: 33%;">BHA Docket Number:</td><td style="width: 33%;">Notice: Unannounced</td></tr></table>			Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced			
Reason(s) for Inspection(s) Incident					
On-Site Inspections Dates and Department Representatives On-Site 07/07/2015: Foulkes, Kimberli					
Off-Site Inspection Dates and Inspectors, if Applicable					
Other Details <table style="width: 100%;"><tr><td style="width: 50%;">Partial or Full Triggers:</td><td style="width: 50%;">Random Indicators:</td></tr></table>			Partial or Full Triggers:	Random Indicators:	
Partial or Full Triggers:	Random Indicators:				
Resident Demographic Data as of Inspection Dates					
Licensed Capacity: 65 Number of Residents Served: 52 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: 2	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 52 Have Mental Illness: 0 Have an Intellectual Disability: 0 Have a Mobility Need: 4 Have a Physical Disability: 0				

Violation Report: 20589 - 07/07/2015 - Foulkes, Kimberli
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600

2600.141(a)(1) - A resident shall have a medical evaluation by a physician, physician's assistant, or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

2a. DESCRIPTION OF VIOLATION

Resident #1's medical evaluation dated 8/21/14 was completed and faxed to the home by the physician. The original document completed by the resident's physician did not include the resident's use of a grab bar for bed mobility. This was later added to the document without contacting the person who performed the evaluation, without receiving permission from that person to correct the medical evaluation, and without initialing and placing the date, time, and person spoken to next to the correction. The person who altered it was also not a RN or LPN.

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 resident's DME is designed to help develop goals and plan of care for the resident. Resident #1's DME was received by the PCP on 8/21/14. The grab bar for bed mobility was added after the initial DME was received. The grab bar documentation was added by the Clinical Care Manager who is an LPN. It was added after the incidents of falls by the resident. The home did not go through the proper channels for a change in documentation to the DME. Going forward to correct this, anything that must be added to the DME after the initial is received will be called in to the Primary Care Physician for approval. This will then be documented, initialed, and dated by the LPN nurse manager to state agreement with the change. The change will also then be added to the RASP. Executive Director will monitor for compliance by checking DMEs with the quarterly quality assurance meeting.

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) *Lori A. Prevost, Executive Director* Date *8/17/15*

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

The above plan of correction is approved as of *8/19/15* (Date)

Plan of correction implementation status as of *8/19/15* (Date)

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

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

Violation Report: 20589 - 07/07/2015 - Foulkes, Kimberli
 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

In between December and February of 2015, PT/OT brought in a grab bar for resident #1's bed. The resident's support plan does not document how this need will be met.

Resident #1 experienced falls on 6/16/15, 5/23/15, 5/28/15 and 5/30/15. The resident's support plan does not document how this need will be met.

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 facility did recommend a grab bar for mobility for Resident #1 in the beginning of 2015. The facility failed to include the grab bar and the reason for the grab bar on the Resident's RASP. Resident #1 also had multiple falls that facility documented on incident reports on 5/23, 5/28, 5/30, and 6/16 but failed to document on the resident's RASP. PT and OT were ordered for Resident #1 and documentation was obtained for the resident record.

Going forward any change that occurs with any resident will be documented on the attached "Personal Care Home Assessment Update" form - Attachment #1. This will ensure that all changes and updates are on the RASP and communicated to staff for resident's plan of care. Clinical Care Manager, LPN and Executive Director will monitor for compliance monthly and ongoing.

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) *Lori A Prevost, Executive Director* Date *8/17/15*

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The above plan of correction is approved as of <u>8/19/15</u> (Date)	Plan of correction implementation status as of <u>8/19/15</u> (Date)
The above plan of correction was approved by <u>M</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