



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

NOV 16 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' annual licensing inspection on August 12, 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 "Matthew J. Jones".

Matthew J. Jones  
Director

Enclosure  
License Inspection Summary



Violation Report: 20589 - 08/12/2015 - Harvey, Jason  
 PGH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600  
 2600.60(a) - Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

2a. DESCRIPTION OF VIOLATION  
 The facility currently has 51 residents residing at the facility. Five residents have a mobility need and their medical evaluations indicates that the residents are totally immobile. The facility has two separate fire safe areas. The facility regularly schedules only 2 staff on the 11pm-7am shift. This is not a sufficient amount of staff to safely evacuate, account for and supervise the residents in the event of an emergency evacuation.

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.

With the number of immobile residents that we have currently (5), we will have three staff persons in the building from 11p-7a. The extra staff person will be a housekeeper and two staff persons will be caregivers. With three staff persons in the building at all times with our current resident population we can safely evacuate, account for, and supervise the residents in an emergency evacuation (See Attachment #4 and #5). We simulated a fire drill with three staff members and feel confident that we can safely evacuate with 3 staff members.

We will continue with this staffing pattern going forward. After every monthly fire drill, the Maintenance Director, Executive Director, and Clinical Care Manager, LPN will meet in a "post drill" meeting to discuss the evacuation and mobility needs of the resident population.

If our resident population changes, i.e. if we have less immobile residents residing in the building, the staffing pattern may change based on the post drill meeting.

Executive Director will ensure ongoing compliance for adequate staffing on 11-7 shift to meet the needs of our resident population.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*John Prout*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Lori A. Prout, Executive Director

Date 9/10/15

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

The above plan of correction is approved as of 10-14-15  
 (Date)

Plan of correction implementation status as of 10-14-15  
 (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 - 08/12/2015 - Harvey, Jason  
 PCH Name: THE MANOR AT MARKET SQUARE

**1. REGULATION 55 Pa.Code §2600**

2600.132(c) - A written fire drill record must include the date, time, the amount of time it took for evacuation, the exit route used, the number of residents in the home at the time of the drill, the number of residents evacuated, the number of staff persons participating, problems encountered and whether the fire alarm or smoke detector was operative.

**2a. DESCRIPTION OF VIOLATION**

The written fire drill record for the fire drill held on 10/30/2014 at 3:45 did not include AM or PM.

**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 fire drill record of the 10/30/14 drill was corrected to add the right time of day. It was in fact P.M. The attached document (Attachment #1) shows the correct time in our maintenance tracking system in the computer, so our handwritten record was corrected to match this documentation. (Attachment #2). All fire drills going forward will be entered both in our maintenance tracking system and handwritten on the fire drill record. Executive Director will ensure ongoing compliance to make sure all of the information is complete and correct. - by reviewing the fire drill log on a monthly basis. Q. 10-14-15.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Joel A. Prewett*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Joel A. Prewett, Executive Director

Date

9/10/15

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 (Initials)

Violation Report: 20589 - 08/12/2015 - Harvey, Jason  
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa. Code §2600  
 2600, 132(f) - Alternate exit routes shall be used during fire drills.

2a. DESCRIPTION OF VIOLATION

The home's fire drill record indicates the home is not alternating exit routes during monthly fire drills. The home fire drill log indicates the home used the stair well landing fire safe areas for the drills held between July of 2014 and July of 2015.

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.

Since our building is four floors and in the shape of a "U," we have two fire safe areas on each floor which are the fire rated stairwells and landings. The residents evacuate their rooms when a drill is initiated and go to the fire safe area away from the fire. Every third month on different shifts when conducting drills, we will have one of the fire safe exits blocked by a simulated fire so it can not be used. The residents will then all have to go to the other fire safe area which is the landing on the other side of the hall.

We will begin with the fire drill that is scheduled for September. We will educate all staff and residents to ensure that they know the exact procedure for fire evacuation.

The maintenance director and Executive Director will ensure ongoing compliance.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Jon A. Prevost*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

Jon A. Prevost, Executive Director

Date

9/10/15

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Violation Report: 20589 - 08/12/2015 - Harvey, Jason  
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600  
 2600.183(d) - Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home

2a. DESCRIPTION OF VIOLATION

Resident #1 is prescribed Advair 250/50 inhaler. The manufacturer directions indicate the Advair is to be used within 30 days of the package being opened. The home did not have documentation when the Advair Diskus was opened.

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.

Every medication is put in the medication tracking system in the computer when received from the pharmacy. The open date sticker was on the Advair but the date opened was not written on the sticker. We have serviced the medication technicians and make sure that they are writing the open dates on all medications.

Going forward we have started weekly cart audits by the Resident Care Supervisor and monthly cart audits by the pharmacy with a checklist (Attachment #3) to ensure that no dates are missed. Clinical Care Manager, LPA will ensure ongoing compliance with this procedure to avoid any further incidences.

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Lori A. Perost, Executive Director* Date *9/10/15*

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