



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]

MAILING DATE: August 24, 2016

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 May 20, 2016 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,

Anne Graziano
Anne Graziano
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20589 - 05/20/2016 - Hummel, Jesse
 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 5/15/16 at 7:30am staff person A noted a large softball size bruise on the right elbow of resident #1. When the resident was questioned what happened, the resident responded "You know that girl grabbed me. That girl at night." The facility did not immediately report this allegation of resident abuse to the local area Agency of Aging as required under the Older Adult Protective Services Act. The facility failed to submit a written Mandatory Abuse Report to the local Area Agency on Aging within 48 hours as required. The facility contacted the local Area Agency on Aging on 5/17/16 and submitted a written Mandatory Abuse Report on 5/18/16.

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 home cannot retroactively correct the delayed reporting and investigation of the 5/15/2016 event.
- The administrator reviewed all incident report and bruise of unknown origin reports from the past 90 days to ensure there were no other delayed reports or investigations. - Completed 5/22/2016.
- All supervisors were inserviced and re-educated on the importance of recognizing + reporting abuse by the administrator. Completed 5/22/2016.
- All employees (all departments) were inserviced and re-educated on the importance of recognizing + reporting abuse by the administrator and designer. Completed 5/25/2016
- All employees will provide training on recognizing and reporting abuse annually or more frequently if needed.


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

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *K Catchmark* Date *06/30/2016*

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

The above plan of correction is approved as of 8/20/16
 (Date)

The above plan of correction was approved by 
 (Initials)

Plan of correction implementation status as of 8/20/16
 (Date)

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

Violation Report: 20589 - 05/20/2016 - Hummel, Jesse
PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa. Code §2600

2600.16(c) - The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in section 2600.15 (relating to abuse reporting covered by law).

2a. DESCRIPTION OF VIOLATION

On 5/15/16 at 7:30am staff person A noted a large softball size bruise on the right elbow of resident #1. When the resident was questioned what happened, the resident responded "You know that girl grabbed me. That girl at night." The facility failed to notify the Department of this allegation of resident abuse within 24 Hours. The facility submitted an incident report to the Department on 5/17/16.

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 home can not retroactively correct the delayed reporting of the 05/15/2016 incident to the regional office.
- All supervisors were inserviced on the importance of and the requirement to report incidents to the regional office within 24 hours. Completed by Administrator on 5/22/2016.
- All employees (all departments) were inserviced on the importance of and requirement to report incidents to the regional office within 24 hours.
- All employees will receive annual inservicing on the importance of and requirement to report incidents to the regional office within 24 hours.

all 19 items.
8/20/16

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

Signature of Legal Entity Representative
(Required on EVERY Page) *[Signature]*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) K. C. Fehmark Date: 06/30/2016

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(Date)

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(Initials)

Plan of correction implementation status as of 8/20/16
(Date)

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

Violation Report: 20589 - 05/20/2016 - Hummel, Jesse
 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

Based upon staff interviews as well as observing resident #1, it was determined that the resident requires assistance to transfer out of bed as well as out of a chair. The resident's Assessment and Support plan finalized on 4/22/16 indicates the resident is independent in transferring in/out of bed or chair. The facility failed to update the resident's Assessment and Support Plan upon changes in the resident's personal care needs.

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 support plan was corrected by the Clinical manager on 5/21/2016.
- The clinical manager and residential supervisor who complete support plans were re-educated by the Administrator on 5/21/2016.
- All resident support plans were reviewed by the Administrator or designee and corrections were made as needed. Completed 6/14/2016.
- Resident support plans will be renewed and updated annually or when a resident's condition changes.
 Adm will periodically review resident(s) RASPs to ensure ongoing compliance. QP 8/20/16

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

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>K Catchmark</i>	Date <i>06/30/2016</i>
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