



pennsylvania
DEPARTMENT OF HUMAN SERVICES

OCT 25 2017

Ms. Katie Catchmark
Executive Director
Three Reading, LP
803 Penn Street
Reading, Pennsylvania 19601

RE: The Manor at Market Square
License #: 205890

Dear Ms. Catchmark:

As a result of the Department of Human Services' (Department) annual licensing inspection on August 2, 2017 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.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe
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: Katie Cathmark		Region: NORTHEAST						
Legal Entity Name: THREE READING LP								
Legal Entity Address: 803 PENN STREET, READING, PA 19601								
Certificate(s) of Occupancy <table border="0"> <tr> <td>C-2 LP</td> <td>R-2</td> </tr> <tr> <td>08/01/2000</td> <td>08/01/2000</td> </tr> <tr> <td>L&I</td> <td>City of Reading</td> </tr> </table>			C-2 LP	R-2	08/01/2000	08/01/2000	L&I	City of Reading
C-2 LP	R-2							
08/01/2000	08/01/2000							
L&I	City of Reading							
Staffing Hours								
Resident Support: 0	Total Daily Staff: 58	Waking Staff: 44						
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced						
Reason(s) for Inspection(s)								
Renewal								
On-Site Inspections Dates and Department Representatives On-Site								
08/02/2017: Harvey, Jason; Yellenic, Cindy								
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: 54 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: 3 Number of Hospice Residents in past year: 12	Number of Residents who: Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 54 Have Mental Illness: 0 Have an Intellectual Disability: 1 Have a Mobility Need: 4 Have a Physical Disability: 1							

Violation Report: 20589 - 08/02/2017 - Harvay, Jason
PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600

2600.17 - Resident records shall be confidential, and, except in emergencies, may not be accessible to anyone other than the resident, the resident's designated person if any, staff persons for the purpose of providing services to the resident, agents of the Department and the long-term care ombudsman without the written consent of the resident, an individual holding the resident's power of attorney for health care or health care proxy or a resident's designated person, or if a court orders disclosure.

2a. DESCRIPTION OF VIOLATION

On 8/2/2017 at 2:45pm the resident's narcotic book was left on top of the home's medication cart across from the home's medication room unattended. The narcotic book has resident's personal information inside the book.

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.

17

Upon discovery, Narcotic book was immediately closed and locked in medication cart.

All Med Techs will be re-educated on not leaving resident materials on top of the med cart when unattended and all care staff will be re-educated on confidentiality by Sep 15.

The administrator of designee will conduct an audit of the med cart 5 times weekly for six weeks or until sustained compliance is achieved. Results will be reported to the QA Committee.

The Administrator will oversee to ensure ongoing compliance. Cf. 9-1-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

R. Catchmark, PHCA

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

R. Catchmark

Date *08/30/2017*

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

The above plan of correction is approved as of 9-1-17
(Date)

Plan of correction implementation status as of 9-1-17
(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 - 08/02/2017 - Harvey, Jason
PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600

2600.25(b) - The contract shall be signed by the administrator or a designee, the resident and the payer, if different from the resident, and cosigned by the resident's designated person if any, if the resident agrees.

2a. DESCRIPTION OF VIOLATION

The contract in the record for Resident #2 was not signed by the resident.

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.

25b

Cannot retro actively have resident sign contract. She was on hospice at the time the omission was discovered and has subsequently passed away.

All resident agreements are being audited for resident signature to be completed by September 15. All staff with responsibility for executing resident agreements were re-educated on requirements of importance of regulation 25b on August 3, 2017.

The administrator or designee will audit new resident charts within 24 hours of admission to assure compliance. Results will be reported to the QA Committee.

*Adm will oversee to ensure ongoing compliance.
cf. 9-1-17*

Repeat Violation: Yes

Date(s) of Previous Violation(s):

08/09/2016

Signature of Legal Entity Representative

(Required on EVERY Page)

K Catchmark, PCA

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

K Catchmark

Date

08/30/2017

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

The above plan of correction is approved as of

9-1-17
(Date)

Plan of correction implementation status as of

9-1-17
(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 - 08/02/2017 - Harvey, Jason
PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600

2600.25(c)(2) - The contract shall specify a fee schedule that lists the actual amount of allowable resident charges for each of the home's available services

2a. DESCRIPTION OF VIOLATION

The home's contract states see Addendum E for additional fees. It is actually Addendum D that lists some of the fees, but it does not list room rates. The contracts for Resident #2, date of admission [redacted] 17, Resident #3 date of admission [redacted] 16, Resident #4 date of admission [redacted] 15, Resident #5 date of admission [redacted] 16, Resident #6 date of admission [redacted] 16, and Resident #7 date of admission [redacted] 7 did not contain a fee schedule for provided services and room charges.

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.

25(2)2

Page 3 and Page 4 state that the Fee scheduled is contained within Addendum D. The contract to read Addendum D. The actual amount charged to the resident for their room and board is listed on page 11. Other ancillary charges, charged directly by the home are listed in Addendum D. This is present in the agreement for residents #2, #3, #5 and #6. Please see agreements attached in separate email.

The Administrator will oversee to ensure ongoing compliance. 9-22-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative

(Required on EVERY Page)

K Catchmark, PHCS

Printed Name and Title of Legal Entity Representative

(Required on EVERY Page)

K Catchmark

Date

08/30/2017

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

The above plan of correction is approved as of 9-22-17 (Date)

Plan of correction implementation status as of 9-22-17 (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 - 08/02/2017 - Harvey, Jason
PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600
2600.28(f)(2) - Refunds shall be made within 30 days of the resident's discharge.

2a. DESCRIPTION OF VIOLATION
The refund for Resident #8, date of discharge [redacted] 17, was not submitted to the resident or resident's POA until 7/24/17.

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.

28f(d)

The delay in providing the refund to resident #8 cannot be retroactively corrected. On August 3, all pending refunds were reviewed and the deadline for those refunds was communicated to the Business Department to insure timely issuance of refunds checks. No pending refunds were found to be overdue. The employees responsible for processing refunds were re-educated on August 3. The Administrator or designee will review resident records 3 weeks after discharge to ensure that refunds will be issues on a timely basis. Results will be reported to the QA Committee.

*The Administrator will oversee to insure ongoing compliance
Q. 9-1-17*

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

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 PHCA*

Date *08/30/2017*

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(Date)

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- Not Implemented

The above plan of correction was approved by *Q*
(Initials)

Violation Report: 20589 - 08/02/2017 - Harvey, Jason
PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600

2600.54(a) - Direct care staff persons shall have the following qualifications:

- (1) Be 18 years of age or older, except as permitted in § 2600.54(b).
- (2) Have a high school diploma, GED diploma, or active registry status on the Pennsylvania nurse aide registry.
- (3) Be free from a medical condition, including drug or alcohol addiction, that would limit direct care staff persons from providing necessary personal care services with reasonable skill and safety.

2a. DESCRIPTION OF VIOLATION

Direct Care Staff Member A (hired 6/1/2017) is not in possession of a high school diploma, GED, or active registry status on the PA nurse's aide registry. The staff member had been retained beyond the 30 day provisional hiring period pending receipt of the education document required by the regulation.

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.

54(a) Staff member A was immediately removed the scheduled and did not return to work until her college acceptance letter was located. All other employee charts were audited by to ensure to compliance. New hire charts will be audited by the administrator or designee and compliance will report it to the QA committee.

The home will secure a copy of the acceptance letter & forward to the Northeast Regional office for review.

Educational qualifications are determined to be not to be compliant by the Department, not the home.

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

R. Catchmark

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

R. Catchmark

Date 08/30/2017

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

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(Date)

Plan of correction implementation status as of 9/22/17
(Date)

The above plan of correction was approved by

[Signature]
(Initials)

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

(COPY Needed)

Violation Report: 20589 - 08/02/2017 - Harvey, Jason
PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa. Code §2600

2600.65(e) - Direct care staff persons shall have at least 12 hours of annual training relating to their job duties.

2a. DESCRIPTION OF VIOLATION

Direct care staff member B, hired 10/24/15, received only 8 of the required 12 hours of annual training related to their job duties in 2016.

Direct care staff member C, hired 1/28/16, received only 3 of the required 12 hours of annual training related to their job duties in 2016.

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.

65(e)

The 2016 training record cannot be retroactively corrected. Staff members b received 8 additional hours to training relating to job duties & c received 3 additional hours to training relating to job duties following the 8/02/2017 survey. Through our on-line learning, courses are now assigned monthly. The administrator or designee will audit educational compliance monthly to ensure timely and full completion of required training. Additionally, as system has been in place to better record and track in-person trainings offered throughout the year. Results will be reported to the QA Committee.

Administrator will oversee to ensure ongoing compliance. Q. 9-1-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

R. C. H. M. A.

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

R. C. H. M. A., PCH A

Date 08/30/2017

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(Date)

Plan of correction implementation status as of 9-1-17
(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 - 08/02/2017 - Harvey, Jason
PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600

2600.65(f) - Training topics for the annual training for direct care staff persons shall include the following:

- (1) Medication self-administration training.
- (2) Instruction on meeting the needs of the residents as described in the preadmission screening form, assessment tool, medical evaluation and support plan.
- (3) Care for residents with dementia and cognitive impairments.
- (4) Infection control and general principles of cleanliness and hygiene and areas associated with immobility, such as prevention of decubitus ulcers, incontinence, malnutrition and dehydration.
- (5) Personal care service needs of the resident.
- (6) Safe management techniques.
- (7) Care for residents with mental illness or mental retardation, or both, if the population is served in the home.

2a. DESCRIPTION OF VIOLATION

Direct care staff member B, hired 10/24/15, and did not receive the following required annual training topics for the 2016 training year:

- *Medication self-administration training
- *Instructions on meeting the needs of the residents as described in the preadmission screening, medical evaluation and resident assessments support plan
- *Infection control
- *Safe management techniques
- *Care with residents with intellectual disabilities

Direct care staff member C, hired 1/26/15, and did not receive the following required annual training topics for the 2016 training year:

- *Medication self-administration training
- *Instructions on meeting the needs of the residents as described in the preadmission screening, medical evaluation and resident assessments support plan
- *Care for residents with dementia and cognitive impairments
- *Infection control
- *Personal care service needs of the resident
- *Safe management techniques
- *Care with residents with intellectual disabilities

See attach

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.

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 *08/30/2017*

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

The above plan of correction is approved as of 9-1-17
(Date)

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

Plan of correction implementation status as of 9-1-17
(Date)

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

P9A9 20

65(f)

The 2016 training record cannot be retroactively corrected. Staff members b & C will complete these trainings by 9/1. Through our on-line learning, courses are now assigned monthly. The administrator or designee will audit educational compliance monthly to ensure timely and full completion of required training. Additionally, as system has been in place to better record and track in-person trainings offered throughout the year. Results will be reported to the QA Committee.

The Administrator will oversee to ensure ongoing compliance. Q. 9-1-17

Violation Report: 20589 - 08/02/2017 - Harvey, Jason
PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600

2600.65(g) - Direct care staff persons, ancillary staff persons, substitute personnel and regularly scheduled volunteers shall be trained annually in the following areas:

- (1) Fire safety completed by a fire safety expert or by a staff person trained by a fire safety expert.
- (2) Emergency preparedness procedures and recognition and response to crises and emergency situations.
- (3) Resident rights.
- (4) The Older Adult Protective Services Act (35 P. S. §§ 10225.101-10225.5102).
- (5) Falls and accident prevention.
- (6) New population groups that are being served at the home that were not previously served, if applicable.

2a. DESCRIPTION OF VIOLATION

Staff members B, C and D did not receive the following required annual training topics for the 2016 training year:

- * Fire Safety
- * Emergency Preparedness
- * Falls and accident prevention

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.

65(g)

The 2016 training record cannot be retroactively corrected. Staff members b, c & d have received Fire Safety, Emergency Preparedness and Falls & Accident Prevention in 2017. Through our on-line learning, courses are now assigned monthly. The administrator or designee will audit educational compliance monthly to ensure timely and full completion of required training. Results will be reported to the QA Committee.

Administrators will oversee to ensure ongoing compliance. Cf. 9-1-17

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/09/2016

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

Catchman, PCHA

Date: 01/30/2017

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

The above plan of correction is approved as of 9-1-17
(Date)

Plan of correction implementation status as of 9-1-17
(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 - 08/02/2017 - Harvey, Jason
PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600

2600.96(a) - The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

2a. DESCRIPTION OF VIOLATION

The first aid kit located in the medication room was missing bandage tape and a thermometer.

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.

96(a)

On 8/03/2017 the missing items were replaced in the first aid kit and all other first aid kits were checked to ensure that all required items were present. Tamper evident tags have been placed on first aid kits. Staff will be re-educated on proper notification if items are removed from the kit. The administrator or designee will check the kits weekly to ensure that the temper evident tag is in place and that if it has been removed that missing items are replaced. Results of these audits will be reported to the QA committee.

The Administrator will oversee to ensure ongoing compliance. Q. 9-1-17

Repeat Violation: No

Date(s) of Previous Violation(s):

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 PCHA

Date

08/30/2017

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The above plan of correction is approved as of

9-1-17
(Date)

Plan of correction implementation status as of

9-1-17
(Date)

The above plan of correction was approved by

Q
(Initials)

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

Violation Report: 20589 - 08/02/2017 - Harvey, Jason
PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 56 Pa.Code §2800
2600.125(b) - Combustible materials shall be inaccessible to residents.

2a. DESCRIPTION OF VIOLATION

The dryer in the 1st floor west laundry room had a pair of underwear behind the dryer. This item is combustible and/or flammable and can be ignited by a heat source.

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.

125(b)

Upon discovery, the item was immediately removed from behind the dryer. Housekeeping staff who have daily responsibility for cleaning the laundry rooms were re-educated on the importance of conducting a thorough inspection, including behind the dryer. The administrator or designee will conduct audits five times per week for six weeks or until sustained compliance is achieved and conducts weekly audits thereafter. Results will be reported to the QA committee.

The Administrator will oversee to ensure ongoing compliance. CP. 9-1-17.

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/09/2016

Signature of Legal Entity Representative
(Required on EVERY Page)

[Handwritten Signature]

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

K Catchman, PCHA

Date

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

The above plan of correction is approved as of 9-1-17
(Date)

Plan of correction implementation status as of 9-1-17
(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: 20588 - 08/02/2017 - Harvey, Jason
PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600

2600.141(a)(2) - The medical evaluation must include the following: (1) through (10)

2a. DESCRIPTION OF VIOLATION

The medical evaluation for Resident #3, dated 7/17/17, did not indicate the resident's pulse or weight.
The medical evaluation for Resident #4, dated 6/20/17, did not indicate any special health or dietary needs, body positioning, health status, cognitive status, and the mobility needs assessment.
The medical evaluation for Resident #7, dated 3/2/17, did not indicate the resident's temperature or body positioning 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.

141(a)2

The Medical evaluation for residents #3, #4 & #7 sent to their physician requesting that the missing information be completed. A audit, to be completed by 9/15, is being conducted of all medical evaluations to identify other incomplete forms. Requests are being sent to physicians to complete these forms. Staff who send out and receive DMEs were re-educated on the portions of the form that the Home can complete and the reasoning and requirement to have a complete form. All DMEs will be reviewed by the Resident Care Manager when returned to the facility. Incomplete forms will immediately be returned to the physician for completion. The administrator or designee will audit new DMEs on a weekly basis. Results will be reported to the QA committee.

The Administrator will oversee to ensure ongoing compliance

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

K. Catibmark

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

K. Catibmark PCHA

Date 08/30/2017

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

The above plan of correction is approved as of 9-1-17
(Date)

Plan of correction implementation status as of 9/22/17
(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 - 08/02/2017 - Harvey, Jason
PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600

2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

The current medical evaluation in the record of Resident #4, dated 6/20/17, was completed more than 1 yr. and 15 days after the previous medical evaluation completed on 11/30/15.

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.

141(b)1

A audit, to be completed by 9/15, is being conducted of all medical evaluations to identify any other late Medical evaluations. Requests will be sent to physicians to complete these forms. Staff who track these forms were re-educated on the importance of having timely and complete and medical evaluations. The dates of the last completed medical evaluation have been entered in a recently implemented electronic health record which will provide a tool for monitoring timeliness and compliance. The administrator or designee will audit the medical evaluation calendar weekly for compliance. Results will be reported to the QA committee.

The Administrator will oversee to ensure ongoing compliance. QP. 9-1-17

Repeat Violation: No

Date(s) of Previous Violation(s):

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 PCHA

Date

08/30/2017

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9-1-17
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9-1-17
(Date)

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(Initials)

Violation Report: 20589 - 08/02/2017 - Harvey, Jason
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2800

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 1st floor exit on the west end of the building had an accumulation of 20+ cigarette butts located in the mulch to the left and right of the exit. This area is not a designated smoking area.

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.

144(c)1

Upon discovery of the cigarette butts, they were immediately cleaned up and the remainder of the property was rounded to ensure that no other butts were present. Through investigation it was discovered that a resident family member was smoking outside that exit. The family member was re-educated on our smoking area. A no smoking sign has been placed at that exit. The administrator or designee will round the property five times weekly for fire hazards. Results will be reported to QA.

The Administrator will oversee to ensure ongoing compliance. @ 9-1-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page)

K Catchmar

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

K Catchmar

Date

08/30/2017

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

The above plan of correction is approved as of

9-1-17
 (Date)

Plan of correction implementation status as of

9-1-17
 (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 - 08/02/2017 - Harvey, Jason
PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600
2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
Resident #1 has a physician's order for insulin coverage based on a sliding scale. On 7/27/17 the resident's blood glucose #242 at Noon required 2 units of insulin. The resident did not receive any insulin. On 7-30-17 the resident's blood glucose #278 required 4 units of insulin. The resident received 2 units of insulin.

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.


187(d)

The amount of insulin given can not retroactively be corrected. On 08/03 a reportable was submitted and notification was made the family and physician of medication errors. The Med Techs responsible for the errors was re-educated. An audit was conducted of all sliding scale insulin injections in the past 7 days to ensure there were no further errors, and none were found. All Med Techs will attend an in service on sliding scale insulin by September 15th. The administrator or designee will audit sliding scale administration three times per week for the next 6 weeks or until sustained compliance is achieved. The results will be reported to the QA Committee.

(phone w/ administrator - 9/22/17 - time will be extended)

The administrator will oversee to ensure ongoing compliance. Q. 9-1-17

Q

Repeat Violation: Yes	Date(s) of Previous Violation(s):	08/09/2016
Signature of Legal Entity Representative (Required on EVERY Page)		
Printed Name and Title of Legal Entity Representative (Required on EVERY Page)		Date
K Catchmark PCA		08/30/2017
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of	9-1-17 (Date)	Plan of correction implementation status as of
The above plan of correction was approved by	 (Initials)	9-1-17 (Date)
<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		

Violation Report: 20589 - 08/02/2017 - Harvey, Jason
PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600

2600.224(a) - A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

2a. DESCRIPTION OF VIOLATION

The preadmission screening for Resident #5, admitted [redacted] 16, did not indicate that the needs of the resident could be met by the services provided by the home.

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.

224 (a)

The pre-admission screening for resident #5 cannot be retroactively corrected. All staff who completed pre-admission screenings were re-educated on the importance of complete forms and the need to indicate that the home can meet the residents needs. The Administrator or designee will audit new residents files within 24 hours of admission to ensure compliance. The results will be reported to the QA committee.

The pre-admission screen for Res #5 can be corrected by completing the form, initial & date to demonstrate corrective steps taken.

The Administrator will oversee to ensure ongoing compliance. Q. 9-1-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

K Catchmar

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

K Catchmar - RHA

Date 08/30/2017

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(Date)

Plan of correction implementation status as of 9-1-17
(Date)

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(Initials)

Violation Report: 20589 - 08/02/2017 - Harvey, Jason
 PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600

2600.225(a) - A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

2a. DESCRIPTION OF VIOLATION

Resident #2's, date of admission [redacted] 17, initial Resident Assessment Support Plan (RASP) as of 8/3/17 had not been completed.
 Resident #5's, date of admission [redacted] 16, initial RASP, dated [redacted] 16, was not completed within 15 days of admission.
 Resident #7's, date of admission [redacted] 17, initial RASP as of 8/3/17 had not been completed.

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.

225 (a)

An initial RASP has been completed for resident #7. A audit, to be completed by 9/15, is being conducted of all resident records to ensure timely RASPs. Staff who track these forms were re-educated on the importance of having timely and complete and medical evaluations. The dates of the last completed RASPs have been entered in a recently implemented electronic health record which will provide a tool for monitoring timeliness and compliance. The administrator or designee will audit the medical evaluation calendar weekly for compliance. Results will be reported to the QA committee.

The Administrator will oversee to ensure ongoing compliance. QP 9-1-17

Repeat Violation: Yes

Date(s) of Previous Violation(s): 08/08/2016

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 PCH-A

Date 08/30/2017

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 (Initials)

Violation Report: 20589 - 08/02/2017 - Harvey, Jason
PCH Name: THE MANOR AT MARKET SQUARE

1. REGULATION 55 Pa.Code §2600

2600.225(c) - The resident shall have additional assessments as follows:

- (1) Annually.
- (2) If the condition of the resident significantly changes prior to the annual assessment.
- (3) At the request of the Department upon cause to believe that an update is required.

2a. DESCRIPTION OF VIOLATION

Resident #4's date of admission was on [redacted] 15. The last Resident Assessment and Support Plan was completed on [redacted] 15. Assessments are required to be completed on an annual basis.

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.

225 (c)

An RASP has been completed for #4. A audit, to be completed by 9/15, is being conducted of all resident records to ensure timely RASPs. Staff who track these forms were re-educated on the importance of having timely and complete and medical evaluations. The dates of the last completed RASPs have been entered in a recently implemented electronic health record which will provide a tool for monitoring timeliness and compliance. The administrator or designee will audit the medical evaluation calendar weekly for compliance. Results will be reported to the QA committee.

The Administrator will oversee to ensure ongoing compliance. Q. 9-1-17

Repeat Violation: No

Date(s) of Previous Violation(s):

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

08/30/2017

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K. Catchmark
(Initials)

Violation Report: 20589 - 08/02/2017 - 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 of the following residents listed below, do not contain the required elements as noted:
Resident #2's record is missing: race, eye color, hair color, identifying marks, religion, military service, allergies, pharmacy, funeral home, or if the resident has a DNR.
Resident #3's record is missing: marital status, race, religion, military service, allergies, special diet, assistive devices, pharmacy, funeral home, or if the resident has a living will or DNR.
Resident #5's record is missing: eye color, hair color, identifying marks, diagnoses, special diet, religion, military service, assistive devices, pharmacy, funeral home, or if the resident has a DNR.
Resident #6's record is missing: marital status, religion, military service, special diet, pharmacy, funeral home, or if the resident has a DNR.
Resident #7's record is missing: race, eye color, hair color, identifying marks, religion, military service, allergies, assistive devices, pharmacy, funeral home, or if the resident has a DNR.

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.

252

An audit has been completed of all face sheets to identify missing information. A request has been made to the resident or designee to provide information that is not known. All Face sheets will have required information by September 30. The application for admission has been updated to request the required information so it is easily obtained upon admission. The administrator will audit the face sheet of new admissions within 24 hours. Results will be reported to the QA committee.

The Administrator will oversee to ensure ongoing compliance. @ 9-1-17

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page)

R. Catchmark

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

R. Catchmark

Date

08/30/2017

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(Date)

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(Date)

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[Signature]
(Initials)