



pennsylvania
DEPARTMENT OF HUMAN SERVICES

Sent via e-mail to: [REDACTED]
MAILING DATE: November 14, 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' licensing inspection on October 4, 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.

Sincerely,

Michele Moskalczyk
Michele Moskalczyk
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

Violation Report: 20589 - 10/04/2017 - Deluca, Amy
 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 # 1's most recent Support plan was completed 8/4/2017. The resident's previous assessment was completed on 5/20/2016. The resident's annual Resident Assessment and Support Plan (RASP) was not completed within the 12 months time frame.



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.

An audit of resident charts was completed following our annual inspection on 8/2/17. RASP dates were reviewed and due dates were checked for compliance to ensure that they were completed within the mandated timeframe. Following the inspection, staff that monitor and track resident RASP compliance were reeducated. (Please see attached sign in sheet).

Administrator, Resident Care Director, and/or designee will monitor all resident charts monthly to ensure ongoing compliance. In addition to these checks, Tabulapro, an electronic health record was implemented to provide a tool for compliance to monitor due dates and timeliness of RASP completion.

Administrator will monitor ongoing compliance.

Repeat Violation: No	Date(s) of Previous Violation(s):	
Signature of Legal Entity Representative <i>(Required on EVERY Page)</i> 		
Printed Name and Title of Legal Entity Representative <i>(Required on EVERY Page)</i> Jasmine Thomas LPN Resident Care Director		
		Date 11-3-17
DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!		
The above plan of correction is approved as of <u>11.8.17</u> (Date)	Plan of correction implementation status as of <u>11.8.17</u> (Date)	
The above plan of correction was approved by <u></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	