



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**Sent via e-mail to: kcatchmark@manoratms.com**  
**MAILING DATE: August 8, 2019**

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's Bureau of Human Services Licensing inspection on April 9, 2019 and May 7, 2019 of the above facility, the citations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed violation report were found.

All citations specified on the enclosed violation report must be corrected by the dates specified on the violation report and continued compliance with 55 Pa. Code Ch. 2600 must be maintained.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Moskalczyk".

Michele Moskalczyk  
Human Services Licensing Supervisor

Enclosure  
Violation Report

### Violation Report

<b>Facility Information</b>	
Name: <i>THE MANOR AT MARKET SQUARE</i>	License Number: <i>205890</i>
Address: <i>803 PENN STREET, READING, PA 19601</i>	
County: <i>BERKS</i>	Region: <i>NORTHEAST</i>

<b>Administrator</b>		
Name: <i>Katie Catchmark</i>	Phone: <i>6103730800</i>	Email: <i>KCATCHMARK@MANORATMS.COM</i>

<b>Legal Entity</b>	
Name: <i>THREE READING LP</i>	
Address: <i>803 PENN STREET, PA, 19601</i>	

<b>Certificate(s) of Occupancy</b>		
Type: <i>C-2 LP</i>	Date:	Issued By:

<b>Staffing Hours</b>		
Resident Support Staff:	Total Daily Staff: <i>56</i>	Waking Staff: <i>42</i>

<b>Inspection</b>		
Type: <i>Partial</i>	BHA Docket #:	Notice: <i>Unannounced</i>
Reason: <i>Complaint</i>		

<b>Inspection Dates and Department Representative</b>	
<i>04/09/2019 - On-Site: Vanessa Mendez</i>	
<i>05/07/2019 - On-Site: Vanessa Mendez</i>	

<b>Resident Demographic Data as of Inspection Dates</b>			
<b>General Information</b>			
License Capacity: <i>65</i>	Residents Served: <i>48</i>		
<b>Secured Dementia Care Unit</b>			
In Home: <i>No</i>	Area:	Capacity:	Residents Served:
<b>Hospice</b>			
Current Residents: <i>2</i>			
<b>Number of Residents Who:</b>			
Receive Supplemental Security Income: <i>0</i>	Are 60 Years of Age or Older: <i>47</i>		
Diagnosed with Mental Illness: <i>2</i>	Diagnosed with Intellectual Disability: <i>0</i>		
Have Mobility Need: <i>8</i>	Have Physical Disability: <i>2</i>		

THE MANOR AT MARKET SQUARE

205890

102i - Soap Dispenser

Regulations

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

There were 2 bar soaps with no labels found in room 324. There are two residents who share this room.

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.)

This was corrected the same day. All other shared bathrooms were audited to ensure compliance on May 7.

Rooms are audited weekly by the administrator or designee to ensure compliance. Compliance was achieved and this surveillance is now part of the weekly housekeeping routine to ensure ongoing compliance.

Results will be reported to the QA committee.

Legal Entity Representative

K Catchmark  
Signature

K Catchmark, PCHA 07/30/2019  
Printed Name and Title Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-31-19  
(Date)

Plan of correction implementation status as of 7-31-19  
(Date)

The above plan of correction was approved by MM  
(Initials)

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

THE MANOR AT MARKET SQUARE

205890

185a - Implement Storage Procedures

Regulations

2600.

185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

The following PRN medications were not on hand per medication listed on resident #1's DME dated 01/14/19: Glycerin Suppository, Bisacodyl 10 mg Suppository, Mylanta 30 ml, Lorazepam 0.5 ml, Fiber supplement, and Hyoscyomine-0.125 SL tablet.

Senna Plus Tab 8.6-50 mg PRN was not available from 03/04-03/13/19.

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.)

Please see following page.

Legal Entity Representative

K Catchmark  
Signature

K Catchmark, RCHA  
Printed Name and Title

07/30/2019  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-31-19  
(Date)

Plan of correction implementation status as of 7-31-19  
(Date)

The above plan of correction was approved by MM  
(Initials)

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

185a.

The medications mentioned in the citation were written on the DME (Attachment #1) which was completed by her primary care physician on January 14, 2019. However, at the time of the resident's admission on March 4, 2019, the physician e-prescribed her medications and did not prescribe all the medications listed on the DME. The prescriptions/orders sent to the pharmacy by the physician are included in Attachment #2.

The PCP was contacted on March 4, and she stated that she would not prescribe those medications. A request was also made to the resident's hospice provider to prescribe these medications and they declined as well.

Since neither her physician nor the hospice would prescribe these medications, we accepted what was e-Prescribed on March 4, 2019 as her "current" physician's order, and not the handwritten list provided seven weeks earlier. Since a physician would not write a prescription, we did not believe that those medications would meet the requirements of 186a.

Wanting to meet the resident's needs and requests, several requests were made to the resident's physician to prescribe the medications, and she did finally prescribe Miralax and Senna on May 12, 2019. (Attachment #3).

This citation has highlighted the difficult situations that occurs when a resident's medication list or preferences do not match what the prescriber will prescribe.

\*\*\* We have prepared an educational piece/discussion guide to guide residents and families in discussing their medications with their physician when the DME is completed so that any discrepancies can be reconciled prior to admission. (Attachment #4).

In addition to verifying the orders submitted to the pharmacy, within 24 hours of admission, the Administrator of designee, reconciles the DME with the actual medication prescribed in order to resolve any discrepancies in a timely manner. Results are reported to the QA committee.

K Cujehnski K Catchmore, PCHH 07/30/2019

7-31-19

MM

THE MANOR AT MARKET SQUARE

205890

187d - Follow Prescriber's Orders

Regulations

2600.

187.d. The home shall follow the directions of the prescriber.

Description of Violation

Per DME dated 01/14/19, resident #1 was prescribed Morphine 0.5 mil as a PRN and at bedtime. Resident was administered this medication as a PRN only. Resident did not receive this medication at bedtime from 03/04-03/23.

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.)

Please see following page.

Legal Entity Representative

K Catchmark  
Signature

K Catchmark  
Printed Name and Title

07/30/2019  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-31-19  
(Date)

Plan of correction implementation status as of 7-31-19  
(Date)

The above plan of correction was approved by MM  
(Initials)

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

187d.

The DME (Attachment #1) which was completed by her primary care physician on January 14, 2019 listed the morphine as 0.5 mil prn and bedtime. However, at the time of the resident's admission on March 4, 2019, the medical director of the hospice ordered the morphine as 0.5mil prn (Attachment #5).

Requests were made to the resident's PCP and the hospice to schedule the medication for bedtime and they declined. Since neither her physician nor the hospice would prescribe the medication to be administer at bedtime, we accepted that what was Prescribed on March 4, 2019 was her "current" physician's order for this medication, and not the handwritten list provided seven weeks earlier.

The resident was educated on requesting PRN medications, she demonstrated understanding and was able to make her needs known. The Med Techs were educated that the medication was prescribed for pain and shortness of breath and should be offered when either is present, but these symptoms were not noted.

This citation has highlighted the difficult situations that occurs when a resident's medication list or preferences do not match what the prescriber will prescribe.

\*\*\* We have prepared an educational piece/discussion guide to guide residents and families in discussing their medications with their physician when the DME is completed so that any discrepancies can be reconciled prior to admission. (Attachment #4).

In addition to verifying the orders submitted to the pharmacy, within 24 hours of admission, the Administrator of designee, reconciles the DME with the actual medication prescribed in order to resolve any discrepancies in a timely manner. Results are reported to the QA committee.

KCaylak

ke Ca tchmas k

PCHA 07/30/2019

7-31-19

MM

227d - Support Plan Medical/Dental

Regulations

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. This requirement does not require a home to pay for the cost of these medical and behavioral care services.

Description of Violation

Resident #2's RASP was updated on 02/28/19 to reflect a significant change due to receiving Hospice services. On 04/29/19, resident #2 received an order to have oxygen discontinued. It was not indicated that resident required this need. Resident also received weekly aid from the Hospice agency Compassionate Care Hospice. This assistance and frequency were not indicated on resident's RASP.

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 RASP for resident #2 cannot be retroactively corrected.

The RASP for the resident who was on hospice at the time of this survey was immediately reviewed to ensure that it properly reflected the hospice services being provided.

The staff of the Home who are responsible to creating and updating RASPs were re-educated on May 7.

The administrator or designee reviews significant change RASPs for accuracy and completeness on an ongoing basis and reports compliance to the QA committee.

Legal Entity Representative

K Catchmark  
Signature

K Catchmark PCHA  
Printed Name and Title

07/30/2019  
Date

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE IN THIS BOX!

The above plan of correction is approved as of 7-31-19  
(Date)

Plan of correction implementation status as of 7-31-19  
(Date)

The above plan of correction was approved by MM  
(Initials)

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