



**Sent via e-mail to: kcatchmark@manoratms.com
MAILING DATE: August 21, 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 June 10, 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

Facility Information

Name: *THE MANOR AT MARKET SQUARE* License Number: *205890*
 Address: *803 PENN STREET, READING, PA 19601*
 County: *BERKS* Region: *NORTHEAST*

Administrator

Name: *Katie Catchmark* Phone: *6103730800* Email: *KCATCHMARK@MANORATMS.COM*

Legal Entity

Name: *THREE READING LP*
 Address: *803 PENN STREET, READING, PA, 19601*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: Issued By:

Staffing Hours

Resident Support Staff: Total Daily Staff: *58* Waking Staff: *44*

Inspection

Type: *Partial* BHA Docket #: Notice: *Unannounced*
 Reason: *Incident*

Inspection Dates and Department Representative

06/10/2019 - On-Site: Amy Deluca

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *65* Residents Served: *55*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *54*
 Diagnosed with Mental Illness: *2* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *3* Have Physical Disability: *3*

THE MANOR AT MARKET SQUARE

205890

15a - Resident Abuse Report

Regulations

2600.

15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On 5/20/2019 the home received an email from a family member of resident #1 complaining that the resident was not getting the care she needs and requests from staff on the 2nd and 3rd shift. The complaint also alleged that staff on 2nd and 3rd shift call the resident lazy and threaten the resident with having her placed in a home. The home did not report the suspected abuse complaint to the Area Agency on Aging.

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.)

15.a. The allegation has since been reported to the local Area Agency on Aging. Those in the Home responsible for reporting suspecting abuse have been re-educated. The Care Manager and the Administrator will meet within 24 hours of receiving a report to ensure that all of the necessary reporting and investigative steps are taken.

Results will be reported to QA committee.

Legal Entity Representative

K Catchmark
Signature

K Catchmark, ED
Printed Name and Title

08/09/2019
Date

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

The above plan of correction is approved as of 8-8-19
(Date)

Plan of correction implementation status as of 8-8-19
(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

15b - Supervisor Plan

Regulations

2600.

15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On 5/20/2019 the home received an email from family member of resident #1 complaining that the resident was not getting the care she needs and requests from staff on the 2nd and 3rd shift. The home initiated an investigation involving staff person A's treatment of resident #1. Staff person A is a med tech who provides direct care to residents. The home completed their investigation on 5/24/2019 and allowed staff person A to return to work unsupervised on 5/28/2019. The department did not approve the staff person returning to work unsupervised until 6/10/2019.

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.)

15.b.

This employee received a disciplinary suspension, was re-educated and placed on a supervisory action plan. Those in the Home responsible for responding to abuse allegations have been re-educated on this requirement. The Care Manager and the Administrator will meet within 24 hours of receiving a report to ensure that all of the necessary reporting and investigative steps are taken.

Results will be reported to QA committee.

***Ongoing: If any future allegations of abuse occur, the home will immediately take the following steps:

1. Suspend the staff person or persons involved
2. Report the alleged abuse to the Department
3. Report the alleged abuse to the local Area Agency on Aging

Legal Entity Representative

4. Report the alleged abuse to the resident's designated person, if any. 8-8-19
MM

K Cetchumsk
Signature

K Cetchumsk
Printed Name and Title

08/07/2019
Date

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THE MANOR AT MARKET SQUARE

205890

23a - Activities of Daily Living Assistance

Regulations

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident's assessment and support plan.

Description of Violation

It was determined through staff interviews and a review of the resident's support plan dated 3/18/2019 that resident #1 would frequently have trouble getting up from her recliner to get to the bathroom. It was also determined through staff interviews and the home's internal investigation that staff person A was not always providing the resident with assistance in getting up from her chair. Instead staff person A told the resident she needed to get herself up out of the chair.

Plan of Correction (POC)

Through our investigation, the employee responsible for telling the resident she needed to get herself up was identified. This employee received a disciplinary suspension and was re-educated and placed on a supervisory action plan.

In May, this resident was provided with a lift chair to assist her being more independent in her transfers. She is also receiving therapy services to aid her in independence with her transfers.

Care staff will be re-educated on resident's rights and reporting changes in resident conditions by August 15.

The administrator or designee will audit the transfer status and mobility needs on all support plans by September 1 to ensure that resident needs are adequately reflected, and appropriate interventions and supports are in place. Support Plans will be updated as needed.

Results of this audit will be reported to the QA committee.

Legal Entity Representative

K. Catchmark
Signature

K Catchmark, EV
Printed Name and Title

08/07/2019
Date

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42c - Treatment of Residents

Regulations

2600.

42.c. A resident shall be treated with dignity and respect.

Description of Violation

It was determined through staff interviews, resident interview, and the home's internal investigation of a family member's complaint that resident #1 was being told by staff person A that she could get herself up from her recliner without assistance and that she was being lazy by not doing so. The resident stated that, prior to having a lift chair, she would get stuck in her recliner and staff person A would not believe her that she was having trouble getting up. Residents must be treated with dignity and respect.

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.)

42.c.

Through our investigation, the employee responsible for telling the resident that she was lazy and that she needed to get herself up was identified. This employee received a disciplinary suspension, was re-educated and placed on a supervisory action plan.

Care staff will be re-educated on resident's rights and reporting changes in resident conditions by August 15.

The administrator has met with this resident regularly since the complaint was received to ensure that her rights are being respected.

Results will be reported to the QA committee.

Legal Entity Representative

K Catchmark, Esq
Signature

K Catchmark, Esq
Printed Name and Title

08/08/2019
Date

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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

Resident #1 has an order for 3L of continuous oxygen. On 5/18/2019 the resident's family came to visit and found the resident's oxygen tank turned off. The resident stated that a staff person had turned it off a few hours prior and she didn't know why. It was determined that a staff person had turned the oxygen tank to level 0 and that the resident was without the required oxygen for 2 to 3 hours.

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.)

187d.

Through the Home's investigation the employee responsible for setting the concentrator to "0" was identified and was immediately re-educated.

All care staff will be re-educated on the operation of Oxygen Concentrators and the requirement to follow Prescriber's orders by August 15.

The Administrator or designee will audit the setting of the Oxygen Concentrators in the home weekly for 8 weeks or until full and ongoing compliance is achieved.

Results will be reported to the QA Committee.

***The administrator shall monitor and ensure that staff are following the direction of the prescriber.

8-8-19 MM

Legal Entity Representative

K Catchmark
Signature

K Catchmark ED
Printed Name and Title

08/07/2019
Date

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227j - Support Plan Copy

Regulations

2600.

227.j. The home shall give a copy of the support plan to the resident and the resident's designated person upon request.

Description of Violation

On 5/19/2019 resident #1's family member, who is the resident's designated person, was visiting the home and had requested to see the resident's support plan. The family member was told by staff person B that she did not have access to the support plan. It was determined by the administrator that staff person B does have access to the support plan but did not think she was allowed to provide it to the resident's designated person. Staff person B did not follow the requirements of this regulation

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.)

227.j.

The employee who did not provide the Support Plan was immediately re-educated.

The designated person who requested the Support Plan has since been provided with a copy.

All Administrative Designees have been re-educated on the requirement to provide the Support Plan to a resident or their designee upon request.

Requests for Support Plans and the Home's response will be reported to the QA committee.

Legal Entity Representative

K. C. Cofchrsk
Signature

K. C. Catchmark, Esq.
Printed Name and Title

08/07/2019
Date

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