



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

# CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to THREE READING, LP

LEGAL ENTITY

To operate THE MANOR AT MARKET SQUARE

NAME OF FACILITY OR AGENCY

Located at 803 PENN STREET, READING, PA 19601

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 65

(MAXIMUM CAPACITY)

or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

**Secure Dementia Care Unit - 55 Pa.Code §§ 2600.231-239 - Capacity 18**

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from November 15,

2019

until October 20,

2020,

unless sooner revoked for non-compliance with applicable laws and regulations.

No: **205890**

*Robert E. Robinson*

ISSUING OFFICER

*[Signature]*

DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

November 15, 2019

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

RE: The Manor at Market Square  
License #: 20589

Dear Ms. Catchmark

As the result of your home's recent request to adjust the use of the physical space, the Department has granted an approval for a revised license issued under the authority of 55 Pa. Code Ch. 2600 (relating to Personal Care Homes). The approved capacity revision request is for 18 beds to be reallocated to a new secured dementia care unit in the same building. The expiration date of the license remains unchanged.

Any future requests for changes in capacity should be forwarded to the Department for review and consideration in accordance with the applicable regulations. The revised license is enclosed.

Sincerely,

A handwritten signature in black ink, appearing to read "Kevin Hancock".

Kevin Hancock  
Deputy Secretary  
Office of Long-term Living

Enclosure  
License

# Violation Report

## Facility Information

**Name:** THE MANOR AT MARKET SQUARE

**License Number:** 20589

**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:** I-2

**Date:**

**Issued By:**

## Staffing Hours

**Resident Support Staff:** 0

**Total Daily Staff:** 65

**Waking Staff:** 49

## Inspection

**Type:** Partial

**BHA Docket #:**

**Notice:** Announced

**Reason:** New

## Inspection Dates and Department Representative

10/10/2019 - On-Site: Ryan Yankowy

## Resident Demographic Data as of Inspection Dates

### General Information

**License Capacity:** 65

**Residents Served:** 53

### Secured Dementia Care Unit

**In Home:** Yes

**Area:** n/a

**Capacity:** 18

**Residents Served:** 0

### Hospice

**Current Residents:** 0

### Number of Residents Who:

**Receive Supplemental Security Income:** 0

**Are 60 Years of Age or Older:** 52

**Diagnosed with Mental Illness:** 3

**Diagnosed with Intellectual Disability:** 0

**Have Mobility Need:** 12

**Have Physical Disability:** 2

95 - Furniture and Equipment

Regulations

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

The light connected to the exhaust fan in the bathroom of Room # 9 & 6 were not operable.

The toilet in the bathroom of Room #9 did not have a toilet seat attached.

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.)

Exhaust fan lights in room 9 & 6 were repaired on October 11. All other exhaust fan lights were inspected on October 11 and repairs were made as necessary.

Toilet seat was affixed in room 9 on October 11. All other rooms were audited and no other similar issues were noted.

Plant Operations Director or designedd to audit affixed equipment prior to resident move-in and weekly thereafter.

Legal Entity Representative



Katie Catchmark, Personal Care Home Administrator 10/23/19

Signature

Printed Name and Title

Date

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

The above plan of correction is approved as of 11-14-19  
(Date)

Plan of correction implementation status as of 11-14-19  
(Date)

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

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

101j7 - Lighting/Operable Lamp

Regulations

2600.

101.j. Each resident shall have the following in the bedroom:

7. An operable lamp or other source of lighting that can be turned on at bedside.

Description of Violation

The bedside lamp located in Room #6 did not have a light bulb.

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.)

Light bulb in bedside lamp was put in place on 10/10/2019. All other bedside lamps were inspected and had light bulbs. Plant Operations director will inspect afixed equipment prior to resident move - in and then weekly thereafter. results will be reported to the QA.

Legal Entity Representative

*K Catchmark*  
Signature

Katie Catchmark, Personal Care Home Administrator 10/24/2019  
Printed Name and Title Date

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

The above plan of correction is approved as of 11-14-19  
(Date)

Plan of correction implementation status as of 11-14-19  
(Date)

The above plan of correction was approved by *ag*  
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- ~~Partially Implemented x Inadequate Progress~~
- Not Implemented