



January 13, 2020

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 annual inspection on September 4, 2019 of the above facility, the violations 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 "Kevin Hancock". The signature is fluid and cursive, written over a light blue horizontal line.

Kevin Hancock
Deputy Secretary
Office of Long-term Living

Enclosure
Violation Report

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: Other

Date: 05/31/2019

Issued By: L & I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 59

Waking Staff: 44

Inspection

Type: Full

BHA Docket #:

Notice: Unannounced

Reason: Renewal, Complaint

Inspection Dates and Department Representative

09/04/2019 - On-Site: Gerald Dumas, Ryan Yankowy

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 65

Residents Served: 50

Secured Dementia Care Unit

In Home: No

Area:

Capacity:

Residents Served:

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 49

Diagnosed with Mental Illness: 3

Diagnosed with Intellectual Disability: 1

Have Mobility Need: 9

Have Physical Disability: 2

16c - Written Incident Report

Regulations

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

Resident # 1 did not receive the prescribed 12 units of NovoLog on 7/12/19 & 8/9/19 at 11:30am. The home did not notify the Department regarding the medication error.

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.)

Administrator and Care Department leadership re-educated 16c (reporting requirements.)

In this situation the doctor and family were notified but not the Department.

Administrator or audit to medication error logs 5x weekly for four weeksto ensure compliance with reporting.

Then weekly thereafter.

Results will reported to the Q&A committee.

Legal Entity Representative

K Catchmark

Signature

Katie Catchmark, Personal Care Home Administrator 10/28/19

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

20b1 - Financial Records

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

Resident # 2 & 3's financial transaction record is only available starting 8/1/19.

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.)

The Department supplied forms were put into place on August 1 and older records were not maintained.
 Staff who handle the resident accounts were re-educated on 9/18/2019 on 20 a & 20b. Staff were also reeducated that these records must be maintained with the resident business file.
 Business Office Manager to audit records weekly. Administrator or designees to audit monthly.
 Results to reported to the QA Committee.

K Catchmark

Legal Entity Representative

K Catchmark

Signature

Katie Catchmark, Personal Care Home Administrator 10/28/2019

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20b3 - Written Receipts

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

- 3. The home shall obtain a written receipt from the resident for cash disbursements at the time of disbursement.

Description of Violation

Resident # 3 withdrew 40.00\$ on 8/10/19, the resident did not sign for this transaction.

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.)

Employees responsible for handling resident accounts were re-educated on 20 a & 20 b on 9/18/2019.
 Business office manager or designess will audit records weekly for 4 weeks. Administrator or designee will audit monthly.
 Results will be reported to QA.

Legal Entity Representative



Signature

Katie Catchmark, Personal Care H0me Administrator 10/28/2019

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20b6 - Interest Bearing Account

Regulations

2600.

20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:

Description of Violation

Resident # 2 has carried a balance of 600.00\$ for more than two consecutive months, the home did not offer the resident an interest-bearing account.

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.)

Employees responsible for handling resident accounts were re-educated on 20 a & 20 b on 9/18/2019.
 Resident's family was contacted and chose to pick up money.
 Business office manager or designee will audit records weekly for 4 weeks. Administrator or designee will audit monthly.
 Results will be reported to QA.

Legal Entity Representative



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25b - Contract Signatures

Regulations

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.

Description of Violation

Resident # 4's contract dated 2/23/19 is not signed by the Administrator or designee of the home.

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.)

Administrator signed and dated resident home contract on 9-4-2019. Staff responsible for signing contracts were re-educated on 25b. Audit of all resident contracts completed find no other missing signatures. Administrator or designee to audit new resident home contracts weekly for 4 weeks then monthly thereafter. Results to be reported to QA committee.

Legal Entity Representative

K Catchmark

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82a - Poisonous Materials

Regulations

2600.
82.a. Poisonous materials shall be stored in their original, labeled containers.

Description of Violation

2 bottles of pink liquid were in the cleaning closet in the kitchen. The bottles did not contain the original manufacturers instructions on the bottles.

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.)

inappropriately labeled bottles were discarded on 9/4/2019. All Dietary an housekeeping staff were re-educated by 9/15/2019. Dietary Director or designee to complete weekly audits of chemical bottles for 8 weeks then monthly thereafter. Results to be reported to the QA Commitee.

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132h - Designated Meeting Place

Regulations

2600.

132.h. Residents shall evacuate to a designated meeting place away from the building or within the fire-safe area during each fire drill.

Description of Violation

An interview with Ancillary Staff member "A" indicated that the home evacuates to the outside of the fire safe stairwells on the 3rd & 4th floor when the simulated fire is on these floors. According to the fire safety letter when the 3rd & 4th floor is used for the fire or simulation all residents must be moved into the fire safe stairwells.

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.)

Fire Doors were installed on the 3rd and 4th Floors, but not yet included in the letter from the Fire Safety Expert. Use of these doors to create fire safe areas is included in a letter from a fire safety expert dated 9/17/2019. Residents in the compartment where the "fire" is located are evacuated in the stair tower. Employees responsible for conductin fire drills were re-educated on the requirements of 132 on 9/6/2019. All employees were re-educated on the evacuation protocol by October 15, 2019. This training included use of the new fire doors and the requirement to evacuate the effected compartment into the fire towers.

When the home receives the updated fire safety letter from the fire safety expert, the administrator will send a copy to the Northeast Regional Office for review and to keep on file. ag, 11-14-19 *ag*

Legal Entity Representative

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141b1 - Annual Medical Evaluation

Regulations

2600.
141.b.1. A resident shall have a medical evaluation: At least annually.

Description of Violation

Resident # 5's most recent DME was completed on 4/17/19, the previous was completed on 2/27/18.

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 DME can not be retroactively corrected. Staff responsible for completion of DMEs were re-educated by 9/25/2019. An audit was completed on 9/10/2019 to ensure that there were no outstanding DMEs. The Administrator to audit DMEs 2 times per month for compliance. Results to be reported to QA.

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Signature

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187d - Follow Prescriber's Orders

Regulations

2600.
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident # 1 did not receive the prescribed 12 units of NovoLog on 7/12/19 & 8/9/19 at 11:30am.

Repeats: 8/29/18,(4/9/19 / 5/7/19)

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.)

Med Techs were re-educated on requirement to follow physician's order.
This resident was out of the building for an infusion during the times the insulin was due. Med Techs were also re-educated on importance of scheduling appointments so they do not interfere with medication times or contacting the physician for direction when it is unavoidable.
Administrator or designee will audit insulin records twice weekly for four weeks then monthly thereafter to ensure compliance.
Results will be reported to the QA committee

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224a - Preadmission Screen Form

Regulations

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.

Description of Violation

Resident # 7's pre-admission screening dated 7/15/19 doesn't indicate if the home can meet the residents needs.

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.)

Staff responsible for completing the Pre-Admission Screening were re-educated on the requirement by 9/25/2019. The administrator will audit new resident records within seven days of move in. Results will be reported to the QA committee.

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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 # 4 utilizes a grab assist bar for transferring in an out of bed. The residents RASP completed on 3/12/19 doesn't indicate the residents need for the device.

Repeats (4/9/19 - 5/7/19)

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.)

Resident Support plan was updated on 9/9/2019. An interdisciplinary team reviewed all residents to ensure that all resident services and equipment are known. This review was completed on 9/24/2019. All RASPs will be updated by October 31, 2019. RASPs to be reviewed at weekly Care Team meeting to ensure that they remain up to date. Administrator to audit sample of RASPs weekly for 4 weeks then month thereafter. Results will be reported to the QA.

Legal Entity Representative



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