

Department of Human Services  
Bureau of Human Service Licensing

February 6, 2022

[REDACTED], COO  
[REDACTED]  
[REDACTED]  
[REDACTED]

RE: THE MANOR AT MARKET SQUARE  
803 PENN STREET  
READING, PA, 19601  
LICENSE/COC#: 20589

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 11/02/2021, 11/03/2021 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,

[REDACTED]  
Human Services Licensing Supervisor

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

Department of Human Services  
Bureau of Human Service Licensing  
**LICENSING INSPECTION SUMMARY**

**Facility Information**

Name: *THE MANOR AT MARKET SQUARE* License #: *20589* License Expiration: *10/20/2022*  
Address: *803 PENN STREET, READING, PA 19601*  
County: *BERKS* Region: *NORTHEAST*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

[REDACTED]

**Certificate(s) of Occupancy**

Type: *I-2* Date: *05/31/2019* Issued By: *City of Reading*  
Type: *C-2 LP* Date: *08/01/2000* Issued By: *Pa L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *76* Waking Staff: *57*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
Reason: *Renewal, Incident* Exit Conference Date: *11/03/2021*

**Inspection Dates and Department Representative**

11/02/2021 - On-Site: [REDACTED]

11/03/2021 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**

License Capacity: *80* Residents Served: *60*

**Secured Dementia Care Unit**

In Home: *Yes* Area: *first floor* Capacity: *15* Residents Served: *13*

**Hospice**

Current Residents: *2*

**Number of Residents Who:**

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *60*  
Diagnosed with Mental Illness: *6* Diagnosed with Intellectual Disability: *0*  
Have Mobility Need: *16* Have Physical Disability: *2*

## 162c - Menu Posted

## 1. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

## Description of Violation

*The home's main dining room did not have the the upcoming week menu posted. The menu posted was for the week of 10/31/21 thru 11/06/21 only.*

*The home's secured unit did not have a menu posted for the present week and the upcoming week posted in a public and conspicuous space.*

## Plan of Correction

**Accept**

*What: On 11/2/21, the home's main dining room did not have the upcoming week's menu posted. The menu posted was for the week of 10/31/21 thru 11/06/21 only. The home's secured unit did not have a menu posted for the present week and the upcoming week posted in a public and conspicuous space.*

*When: The weekly menu was immediately posted in both PC and MC, while the Licensing Representative was still on site in the facility.*

*Who: The Dietary Manager was re-educated on the requirements of 162c. In addition, they were encouraged to have a designee assigned to post the menus if the Manager is not able to do so.*

*How: The Executive Director/Personal Care Home Administrator or designee will check to ensure the menu is posted during the daily, routine walkthrough of the building. Findings and/or concerns will be reviewed as part of the Quarterly QA Meeting.*

## Update: 01/26/2022

*Please send/Attach proof of staff training. 1-26-2022 MM*

## Document Submission

**Implemented**

*Please see attached staff training document*

## 252 - Record Content

## 1. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

5. The name, address, telephone number and relationship of a designated person to be contacted in case of an emergency.

## Description of Violation

*Resident #1's resident record did not state if the resident had any identifiable body marks in their resident information.*

## Plan of Correction

**Accept**

*What: Resident #1's resident record did not state if the resident had any identifiable body marks in their resident information.*

*When: The omission was immediately corrected while the Licensing Representative was still on site in the facility.*

*Who: The Executive Director/Personal Care Home Administrator will review with team members who enter data into the record all information that must be included in the resident's Face Sheet. All current Residents' Face Sheets will be reviewed by the Resident Care Director by 12/15/21 to ensure they are complete.*

*How: The Executive Director/Personal Care Home Administrator will review records for all new residents to ensure the Face Sheet is complete upon admission. As part of the Quarterly Review process, the Resident Care Director will*

**252 - Record Content (continued)**

*review a sample of resident records each month to ensure all pertinent information is included. Findings and/or concerns will be reviewed as part of the Quarterly QA Meeting.*

**Document Submission*****Implemented***

*Please see attached.*