

Department of Human Services
Bureau of Human Service Licensing

October 6, 2022

[REDACTED]
THREE READING, LP
[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 06/09/2022, 06/10/2022, 06/13/2022, 06/17/2022, 06/27/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Anne Graziano

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: *6103730800* Email: [REDACTED]

Legal Entity

Name: *THREE READING, LP*
Address: *660 SENTRY PARKWAY, SUITE 300, C/O HERITAGE SENIOR LIVING, BLUE BELL, PA, 19422*
Phone: *6103730800* Email: [REDACTED]

Certificate(s) of Occupancy

Staffing Hours

Resident Support Staff: *16* Total Daily Staff: *87* Waking Staff: *65*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
Reason: *Incident* Exit Conference Date: *07/01/2022*

Inspection Dates and Department Representative

06/09/2022 - On-Site: [REDACTED]
06/10/2022 - Off-Site: [REDACTED]
06/13/2022 - Off-Site: [REDACTED]
06/17/2022 - Off-Site: [REDACTED]
06/27/2022 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* Residents Served: *55*

Secured Dementia Care Unit

In Home: *Yes* Area: *n/a* Capacity: *16* Residents Served: *14*

Hospice

Current Residents: *2*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *55*
Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
Have Mobility Need: *16* Have Physical Disability: *1*

Inspections / Reviews

06/09/2022 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*Follow-Up Date: *07/22/2022*

08/29/2022 - POC Submission

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission*Follow-Up Date: *09/09/2022*

10/06/2022 - Document Submission

Reviewer: [REDACTED]

Follow-Up Type: *Not Required*

185a - Implement Storage Procedures

1. Requirements

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

Resident #1 left the facility on 6/2/22 on a family visit. The home did not send all the residents prescribed PRN medications with the family.

Plan of Correction

Accept

What: Resident #1 left the facility on June 2, 2022 on a family visit. The facility did not send all prescribed PRN medications with the family.

When: Additional Med-Tech training was conducted on July 11th.

Who: Resident Care Director conducted the training on medication administration with the focus on protocols that have to be followed when a resident is leaving the facility to spend time with family or friends. Med- tech will review physician orders and the QuickMAR to ensure they have a complete list of current medications, and then use that confirmed list to ensure they have removed all medications from the cart to provide to the family.

How: Resident Care Director will periodically be conducting reviews and observations to ensure Med-Techs are in compliance with the protocols. Observations will be discussed with the Executive Director.

Completion Date: 07/20/2022

Update: 08/29/2022

Please note in Step 2 that verification was reviewed and approved by AG in Step 1.

AG, 8-29-22

Document Submission

Implemented

What: Resident #1 left the facility on June 2, 2022 on a family visit. The facility did not send all prescribed PRN medications with the family.

When: Additional Med-Tech training was conducted on July 11th.

Who: Resident Care Director conducted the training on medication administration with the focus on protocols that have to be followed when a resident is leaving the facility to spend time with family or friends. Med- tech will review physician orders and the QuickMAR to ensure they have a complete list of current medications, and then use that confirmed list to ensure they have removed all medications from the cart to provide to the family.

How: Resident Care Director will periodically be conducting reviews and observations to ensure Med-Techs are in compliance with the protocols. Observations will be discussed with the Executive Director.

Please note in Step 2 that verification was reviewed and approved by AG in Step 1.

AG, 8-29-22

227d - Support Plan Medical/Dental

1. Requirements

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.

227d - Support Plan Medical/Dental (*continued*)**Description of Violation**

Resident #1's RASP dated [REDACTED] notes the resident does not have any problems with behavior. Staff interviews indicated that the resident will often follow direct care staff member A around the building, will only accept care and medications from staff member A, and will get irritated and fall on the ground and not get back up until staff member A is available. Resident #1's RASP has not been updated regarding the residents current care needs.

Plan of Correction**Accept**

What: Resident #1's RASP dated [REDACTED] notes that resident does not have any problems with behavior. Staff interviews indicated that resident will often follow direct care staff member around the building, will not accept care and medications from staff members and will get irritated and fall on the found and not get back up until a staff member is available. Resident #1's RASP has not been updated regarding the resident's current care needs.

When: All direct care staff had a training on RASP, Dealing with Challenging Behaviors.

Who: Executive Director led the training with Resident Care Director for the Nursing Staff Department. Detailed training on RASP and importance of documenting challenging behaviors was discussed. Staffs' approach to the residents with challenging behaviors was also discussed.

How: The Executive Director will be periodically reviewing five randomly chosen charts to ensure that RASP is up to date. Each quarter, the findings from the review of 15 records will be discussed at the quarterly QA meeting.

Completion Date: 07/20/2022

Update: 08/29/2022

Please note in Step 2 that verification was reviewed and approved by AG in Step 1.

AG, 8-29-22

Document Submission**Implemented**

What: Resident #1's RASP dated [REDACTED] notes that resident does not have any problems with behavior. Staff interviews indicated that resident will often follow direct care staff member around the building, will not accept care and medications from staff members and will get irritated and fall on the found and not get back up until a staff member is available. Resident #1's RASP has not been updated regarding the resident's current care needs.

When: All direct care staff had a training on RASP, Dealing with Challenging Behaviors.

Who: Executive Director led the training with Resident Care Director for the Nursing Staff Department. Detailed training on RASP and importance of documenting challenging behaviors was discussed. Staffs' approach to the residents with challenging behaviors was also discussed.

How: The Executive Director will be periodically reviewing five randomly chosen charts to ensure that RASP is up to date. Each quarter, the findings from the review of 15 records will be discussed at the quarterly QA meeting.

Please note in Step 2 that verification was reviewed and approved by AG in Step 1.

AG, 8-29-22