

Department of Human Services
Bureau of Human Service Licensing
LICENSING INSPECTION SUMMARY - PUBLIC

December 29, 2022

[REDACTED], COO
THREE READING, LP

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 10/12/2022, 10/13/2022 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,
[REDACTED]
Human Services Licensing Supervisor

cc: Pennsylvania Bureau of Human Service Licensing

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

Name: THREE READING, LP

Address: [REDACTED]

Certificate(s) of Occupancy

Type: C 2 LP

Date: 07/12/1999

Issued By: L&I

Staffing Hours

Resident Support Staff: 0

Total Daily Staff: 83

Waking Staff: 62

Inspection Information

Type: Full

Notice: Unannounced

BHA Docket #:

Reason: Renewal

Exit Conference Date: 10/13/2022

Inspection Dates and Department Representative

10/12/2022 On Site: [REDACTED]

10/13/2022 On Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: 80

Residents Served: 63

Secured Dementia Care Unit

In Home: Yes

Area: first floor

Capacity: 16

Residents Served: 15

Hospice

Current Residents: 1

Number of Residents Who:

Receive Supplemental Security Income: 0

Are 60 Years of Age or Older: 63

Diagnosed with Mental Illness: 0

Diagnosed with Intellectual Disability: 0

Have Mobility Need: 20

Have Physical Disability: 0

Inspections / Reviews

10/12/2022 - Full

Lead Inspector: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 11/04/2022

Inspections / Reviews *(continued)*

12/04/2022 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/08/2022

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/09/2022

12/29/2022 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/08/2022

Reviewer: [REDACTED]

Follow Up Type: Not Required

18 - Compliance With Laws

1. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

The homes kitchen has a gas stove. The CO2 monitor located in the kitchen did not have a date on the unit or batteries as required. The Pennsylvania care facility carbon monoxide alarm standard act indicated that carbon monoxide detector batteries are to be checked annually and dated when that occurs.

POC Submission

Accept (████) - 12/04/2022)

When: A date was noted on the unit and battery while the BHSL representative was still inspecting the kitchen.

Who: Maintenance Assistant will be checking CO2 units quarterly during QA to ensure ongoing compliance.

How: Executive Director will review compliance on the CO2 monitor with Maintenance Director during quarterly QA meeting.

Licensee's Plan Completion Date: 11/03/2022

Implemented (████) - 12/29/2022)

60a - Staff/Support Plan

2. Requirements

2600.

60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

The home currently serves 63 residents, 26 of these residents need assistance to evacuate during an emergency. On 10/1/22, 3 staff persons were scheduled from 10:00 pm to 6:30am. In the event of an emergency the home does not have enough staff to meet the needs of the residents.

POC Submission

Accept (████) - 12/04/2022)

When: Upon review of the immobile list, we realized that at the time of survey, the inspector looked at the immobile list dated 10/12/22 but the staffing schedule was from 10/1/22. Two residents on the immobile list had not yet physically moved into the building as of 10/1/22. One resident took financial possession on █████ but physically moved in on 10/4/22 and one on 10/10/22. In addition, it was determined that the immobility list did not properly represent the mobility status of all residents listed. The mobility list will be reviewed, and resident mobility needs will be updated accordingly.

Who: Resident Care Director and Executive Director will assess each resident's mobility status and ensure that mobility needs are updated, if necessary, on DME and RASP. Changes in status will be reviewed in daily morning meeting.

How: Resident Care Director and Executive Director will review a sample of dates on the nursing schedule to ensure ongoing compliance.

Who: Resident Care Director and Executive Director will assess each resident's mobility status and ensure that mobility needs are updated, if necessary, on DME and RASP. Changes in status will be reviewed in daily morning meeting.

How: Resident Care Director and Executive Director will review a sample of dates on the nursing schedule to ensure

60a Staff/Support Plan (continued)

ongoing compliance.

Licensee's Plan Completion Date: 11/03/2022

Implemented () - 12/29/2022)

63a - First Aid/CPR Training**3. Requirements**

2600.

63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

Home has 8 staff persons that work from [REDACTED]. Only 1 of the 8 staff persons is trained in CPR. From [REDACTED], The home did not have 2 CPR trained staff persons on duty from [REDACTED]. Home has 7 staff persons that work from [REDACTED] and [REDACTED], there was only 1 CPR trained staffed that worked from [REDACTED].

POC Submission

Accept () - 12/04/2022)

When: CPR training was scheduled following the day of the inspection. Two sessions were held on [REDACTED] and [REDACTED]. Eight (8) additional nursing staff were certified. Additional training is set up on [REDACTED] to get the remainder trained.

Who: Business Office Manager maintains documentation of training and facility compliance with the requirements. Business Office Manager will alert Resident Care Director when a new hire requires training.

How: Executive Director will review CPR training requirements with the Business Office Manager and will monitor at the QA meeting to ensure compliance.

Licensee's Plan Completion Date: 11/03/2022

Implemented () - 12/29/2022)

65a - FS Orientation 1st Day**4. Requirements**

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

Description of Violation

Staff person A, whose first day of work was [REDACTED] completed first day orientation on [REDACTED].

POC Submission

Accept () - 12/04/2022)

What: Staff person A, whose first day of work was [REDACTED], completed first day orientation on [REDACTED].

When: On October 19, 2022, Business Office Manager was re educated on the hiring process and DHS regulations (2600.65), emphasizing the first 40 hours of training on the job.

Who: Business Office Manager will be overseeing the first day orientation for the newly hired staff.

How: Audit checklist to be added and Executive Director will review new hire files to assure compliance.

Licensee's Plan Completion Date: 11/03/2022

Implemented () - 12/29/2022)

65b - Rights/Abuse 40 Hours

5. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

Description of Violation

Staff person A completed their 40th scheduled work hour on [REDACTED]. However, this staff person did not complete training until [REDACTED].

POC Submission

Accept [REDACTED] - 12/04/2022)

When: On October 19, 2022, Business Office Manager was re-educated on the hiring process and DHS regulations (2600.65), emphasizing the first 40 hours of training on the job.

Who: Business Office Manager will be overseeing the orientation for all newly hired staff.

How: Audit checklist to be added and Executive Director will review new hire files to assure compliance.

Licensee's Plan Completion Date: 11/03/2022

Implemented [REDACTED] - 12/29/2022)

65d - Initial Direct Care Training

6. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Direct care staff person B, hired on [REDACTED], did not complete and pass the Department-approved direct care training course and pass the competency test until [REDACTED]. Staff B was providing unsupervised direct care.

POC Submission

Accept [REDACTED] - 12/04/2022)

When: On October 19, 2022, Business Office Manager was re-educated on the hiring process and DHS regulations (2600.65), emphasizing the first 40 hours of training on the job.

Who: Business Office Manager will be overseeing competency test compliance for all newly hired staff.

How: Audit checklist to be added and Executive Director will review new hire files to assure compliance.

Licensee's Plan Completion Date: 11/03/2022

Implemented [REDACTED] - 12/29/2022)

81b - Resident Personal Equipment

7. Requirements

2600.

81.b. Wheelchairs, walkers, prosthetic devices and other apparatus used by residents must be clean, in good repair and free of hazards.

Description of Violation

Resident #1's bed enabler was not securely fastened to the bed and it was not covered. Resident #2's bed rails were not covered.

81b - Resident Personal Equipment (*continued*)**POC Submission**

Accept (████) - 12/04/2022)

*When: New bed enablers with covers were purchased and installed to ensure regulatory compliance.**Who: Marketing Director and Resident Care Director were in-serviced as to approved bed enablers.**How: At the time of admission the Marketing Director will inform families about the type of bed enablers that are permitted. Maintenance Assistant will spot check to ensure that any enablers are properly fastened to the bed and covered.*

Licensee's Plan Completion Date: 11/03/2022

Implemented (████) - 12/29/2022)

85a - Sanitary Conditions

8. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation*On 10/13/22, at 11:14am, Department staff observed Resident #3's bed sheets with feces smears located on the resident's bed.***POC Submission**

Accept (████) - 12/04/2022)

*When: Staff is aware that resident's preference is to stay in bed until late morning and that he does not like to be awoken or assisted in the morning. Since caregivers do not assist resident with morning ADL's, the room is checked later in the day. Caregiver took soiled linens to laundry before inspector left the floor.**Who: Residents will be reminded that staff is available to change linen when soiled and caregivers will continue to assist with housekeeping needs.**How: On a quarterly basis look for patterns and trends to be addressed. Residents are encouraged to request housekeeping for any housekeeping needs that occur and need attention.*

Licensee's Plan Completion Date: 11/03/2022

Implemented (████) - 12/29/2022)

89b - Hot Water Temperature

9. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation*The water temperature in room # 427 was 142.6 degrees, room # 312 was 123.5 degrees, and room # 313 was 129.1 degrees.***POC Submission**

Accept (████) - 12/04/2022)

*When: Maintenance Director consulted a plumbing specialist to determine the source of the temperature fluctuation while the DHSL representative was still on the premises.**Who: Board on water heater was reset. Maintenance Director and Maintenance Assistant are checking a sample of water temperatures daily.**How: Additional review will be conducted, and discussed during the quarterly QA meetings.*

Licensee's Plan Completion Date: 11/03/2022

89b - Hot Water Temperature *(continued)*

Implemented (████) - 12/29/2022)

101j7 - Lighting/Operable Lamp

10. Requirements

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

Resident in room 3 did not have an operable lamp or other source of lighting that could be turned on at bedside.

POC Submission

Accept (████) - 12/04/2022)

When: Resident's lamp was by the bedside, however, it was not at the head of the bed.

Who: Maintenance Assistant installed a "small cap light" on the wall by the head of the bed while inspector was still present.

How: Maintenance Director will be conducting periodic checks to assure compliance for bedside lights.

Licensee's Plan Completion Date: 11/03/2022

Implemented (████) - 12/29/2022)

102f - Towel/Washcloth/Soap

11. Requirements

2600.

102.f. An individual towel, washcloth and soap shall be provided for each resident.

Description of Violation

Room 427 is a shared room. The bathroom located between the 2 separate resident rooms had 2 bars of soap located on the sink. The bars of soap were not labeled or in separate labeled containers.

POC Submission

Accept (████) - 12/04/2022)

When: New bars of soaps were labeled while DHSL inspector was present in the facility.

Who: Executive Director reviewed shared apartment protocol with regard to marking and separating toiletries in the shared bathroom with the management team. Additional discussion was conducted on October 21, 2022 with the nursing and housekeeping staff.

How: Lead Housekeepers will be checking shared bathrooms for compliance during the weekly housekeeping service.

Licensee's Plan Completion Date: 11/03/2022

Implemented (████) - 12/29/2022)

103g - Storing Food

12. Requirements

2600.

103.g. Food shall be stored in closed or sealed containers.

Description of Violation

In the memory care freezer was a container of ice cream that was not covered, leaving it exposed to contamination or spoilage.

103g Storing Food (continued)

POC Submission

Accept () - 12/04/2022)

When: Food Service Director will be re educating dietary and nursing staff members on regulation 103.g., on November 7.

Who: Food Service Director will provide training to dietary staff that all food must be covered, labeled and dated. Training will be completed prior to November 15.

How: Food Service Director will conduct weekly checks of food storage areas.

Licensee's Plan Completion Date: 11/03/2022

Implemented () - 12/29/2022)

103i - Outdated Food

13. Requirements

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

In the memory care refrigerator was a container with 4 breakfast sausage links and in the 60freezer was a container of ice cream that was not dated.

POC Submission

Accept () - 12/04/2022)

When: The container was immediately removed from the refrigerator. Education session on regulation 2600.103.i. on October 28 was provided for dietary and nursing staff members. Sign was put on the memory care refrigerator reminding staff to label items with the contents as well as an open and use by date.

Who: Food Service Director will provide training to dietary that all food must be covered, labeled and dated. Training will be completed prior to November 15.

How: Food Service Director will conduct weekly checks of food storage areas.

Licensee's Plan Completion Date: 11/03/2022

Implemented () - 12/29/2022)

183d - Prescription Current

14. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [REDACTED] was in the Medication Cart for Resident #4. This medication was discontinued on [REDACTED]

POC Submission

Accept () - 12/04/2022)

When: An educational review of medication administration and related procedures will be completed with all med techs no later than November 20.

Who: Resident Care Director to complete med cart audits monthly in addition to the pharmacy representative completing med cart audits at least twice annually.

How: Any patterns or trends will be reviewed at quarterly QA Meeting.

183d Prescription Current (*continued*)

Licensee's Plan Completion Date: 11/03/2022

Implemented (████) - 12/29/2022

185a - Implement Storage Procedures

15. 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

The home did not properly maintain the Medication Administration Record (MAR) of the indicated resident due to staff incorrectly transcribing of the blood glucose test results in the individual glucometer. Resident #5 At █████ on █████, there was not a glucometer reading but was transcribed to the Medical Administration Record, MAR, as █████.

Resident #8 At 7pm on █████ the reading on the glucometer was █████ but was incorrectly transcribed as █████.
Residents #5, #6, #7 and #8's glucometers were not calibrated to the correct time.

POC Submission

Accept (████) - 12/04/2022

When: Glucometers will all be calibrated no later than November 7.

Who: Resident Care Director will in service med techs no later than November to review glucometers at change of shift between incoming and outgoing med techs.

How: Any patterns and trends will be reviewed at quarterly QA meeting.

Licensee's Plan Completion Date: 11/03/2022

Implemented (████) - 12/29/2022

187d - Follow Prescriber's Orders

16. Requirements

2600.

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

Description of Violation

Resident #5 is prescribed █████ 3 times per day. However, on █████ in the evening and on █████, in the afternoon, the resident did not receive this medication.

POC Submission

Accept (████) - 12/04/2022

When: Education session on glucometers, insulin and documentation of insulin administration will be conducted no later than November 15.

Who: Resident Care Director will do daily checks of the medication dashboard to look for alerts of missed medications.

How: Any patterns and trends will be reviewed at the quarterly QA meeting.

Licensee's Plan Completion Date: 11/03/2022

Implemented (████) - 12/29/2022

227d - Support Plan Medical/Dental

17. 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.

Description of Violation

Resident #9's DME indicated that Resident is on a mechanical soft diet. Resident #9's Assessment and Support plan does not indicate the residents' special dietary needs.

POC Submission**Accept ([REDACTED] - 12/04/2022)**

When: Resident's RASP was immediately updated while DHS Representative was still in the facility.

Who: Resident Care Director will review all diets to ensure that they are properly reflected on RASP and DME.

How: Any patterns and trends will be reviewed at the quarterly QA meeting.

Licensee's Plan Completion Date: 11/03/2022**Implemented ([REDACTED] - 12/29/2022)**