

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

November 21, 2024

[REDACTED]  
THREE READING, LP

[REDACTED]  
C/O HERITAGE SENIOR LIVING  
[REDACTED]

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

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 10/01/2024 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]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *THE MANOR AT MARKET SQUARE* License #: *20589* License Expiration: *10/20/2024*  
 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]  
 Phone: [REDACTED] Email: [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: *L&I*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *91* Waking Staff: *68*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *10/01/2024*

**Inspection Dates and Department Representative**

10/01/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *80* Residents Served: *72*

Secured Dementia Care Unit  
 In Home: *Yes* Area: *Day break* Capacity: *18* Residents Served: *13*

Hospice  
 Current Residents: *6*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *72*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *19* Have Physical Disability: *1*

**Inspections / Reviews**

10/01/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/04/2024*

11/05/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *11/20/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *11/12/2024*

Inspections / Reviews *(continued)*

11/13/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 11/20/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/20/2024

11/21/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/20/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

## 42b Abuse

## 1. Requirements

2600.

42.b. A resident may not be neglected, intimidated, physically or verbally abused, mistreated, subjected to corporal punishment or disciplined in any way.

## Description of Violation

Resident [REDACTED] was admitted to the secured dementia unit on [REDACTED]. Beginning on [REDACTED], resident [REDACTED] began having falls documented in the home. On [REDACTED], resident [REDACTED] had 2 falls, one of them the resident was found wedged between the bed and the nightstand. On [REDACTED], resident had 2 more falls. One of the falls the resident was found wedged between the bed and the wall and the other fall staff heard a scream from the hallway and found the resident on the ground. This resulted in Resident [REDACTED] having a fractured hip, requiring hospitalization and rehab. Upon the residents return to the home, the resident continued to have falls. The last fall occurred on [REDACTED] when the resident hit their head resulting in being sent to the hospital. The only documented precautions taken by the home due to the high frequency of falls was to ensure the residents room was not cluttered and was properly lit. There was no other documented interventions or additional supervision being completed on a regular basis.

Resident [REDACTED] was sitting in the activity room with their hands down the front of Resident [REDACTED] pants. This is Resident [REDACTED] 3rd incident of towards another resident.

## Plan of Correction

Accept [REDACTED] - 11/13/2024)

1. Immediate Corrective Action: Resident [REDACTED] has since discharged from community to a Skilled Nursing Facility for a higher level of care on 9/30/2024. Residents [REDACTED] and [REDACTED] were immediately separated from each other and resident [REDACTED] was placed on 1:1 until Physician could see resident [REDACTED].

2. Additional Corrective Action: To prevent further occurrence, the clinical team will ensure that all resident RASPs are updated with fall interventions after every fall. To prevent further occurrence, Resident [REDACTED] and resident [REDACTED] were evaluated by Physician and resident [REDACTED] was seen by Accent Care behavioral health services. Resident 3 does not show any adverse effects from the deficient practice. Memory Care staff will manage Resident [REDACTED] behaviors towards other residents by utilizing the "behavioral tracker" and Resident Care Director, Clinical Care Coordinator, and Executive Director will audit daily during our Daily Clinical Meeting and notify Physician of any changes/concerns.

3. Ongoing Quality Assurance Actions: The Executive Director will ensure that all staff have updated abuse training within their annual trainings. The Ombudsman completed resident rights training with staff on October 2nd, 2024.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 11/21/2024)

## 231b Medical Evaluation

## 2. Requirements

2600.

231.b. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner, documented on a form provided by the Department, within 60 days prior to admission. Documentation shall include the resident's diagnosis of Alzheimer's disease or other dementia and the need for the resident to be served in a secured dementia care unit.

## Description of Violation

Resident [REDACTED]'s medical evaluation completed on 12/13/23 does not include a medical professionals name, signature,

**231b Medical Evaluation (continued)**

or medical license number.

**Plan of Correction**

Accept [REDACTED] - 11/05/2024)

1. Immediate Corrective Action: Resident [REDACTED] discharged on 9/30/24 to skilled nursing facility for higher level of care.
2. Additional Corrective Action: to prevent further occurrence, the Resident Care Director will audit all medical evaluations to ensure that all evaluations are in compliance and have Physician signature present start date 10/2/2024.
3. Ongoing Quality Assurance Actions: The Executive Director will ensure that all medical evaluations are up to date and in compliance with Physician signatures by utilizing the 30 day admission, annual, and discharge chart audit tool starting 10/2/24. Ongoing compliance will be reviewed at your Quarterly QA Review Meetings, beginning with the 2024 Q4 review, which will be held in January 2025.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 11/21/2024)

**231c - Preadmission Screening****3. Requirements**

2600.

231.c. A written cognitive preadmission screening completed in collaboration with a physician or a geriatric assessment team and documented on the Department's preadmission screening form shall be completed for each resident within 72 hours prior to admission to a secured dementia care unit.

**Description of Violation**

Resident [REDACTED] was admitted to the secured dementia unit on 8/11/23. The cognitive prescreen was not signed prior to the resident's admission to the secured dementia unit.

**Plan of Correction**

Accept [REDACTED] - 11/05/2024)

1. Immediate Corrective Action: Resident [REDACTED] has since discharged from the community on 9/30/2024
2. Additional Corrective Action: to prevent further occurrence, the Executive Director will audit all Pre Admission Screenings for signature by 11/25/24.
3. Ongoing Quality Assurance Actions: the Executive Director will ensure that all Pre Admission Screening are up to date and in compliance with signatures for secured dementia unit starting 10/02/2024. Ongoing compliance will be reviewed at your Quarterly QA Review Meetings, beginning with the 2024 Q4 review, which will be held in January 2025.

Licensee's Proposed Overall Completion Date: 12/31/2024

Implemented [REDACTED] - 11/21/2024)

**234d - Support Plan Revision****4. Requirements**

2600.

234.d. The support plan shall be revised at least annually and as the resident's condition changes.

**Description of Violation**

Resident [REDACTED] was admitted to the secured dementia unit on [REDACTED]. Resident has had numerous falls between [REDACTED] and [REDACTED]. The assessment and support plan was not updated to state what safeguards were put in place

**234d - Support Plan Revision (continued)**

to ensure the residents safety.

Resident [REDACTED] and Resident [REDACTED] had numerous falls that were not documented in the assessment and support plan. Additionally, the assessment and support plan was not documented with Residents [REDACTED] increased supervision after an incident with Resident [REDACTED].

**Plan of Correction****Accepted [REDACTED] - 11/05/2024)**

1. Immediate Corrective Action: Resident [REDACTED] has since discharged from the community on 9/30/2024. Resident [REDACTED] and Resident [REDACTED] assessments and support plan have since been updated 10/02/2024 to reflect numerous falls and resident's [REDACTED] increased supervision
2. Additional Corrective Action: To prevent further occurrence, the Resident Care Director and Clinical Care Coordinator will ensure that all assessments and support plans reflect fall and safety interventions. This will begin on 10/2/2024 and will be ongoing.
3. Ongoing Quality Assurance Actions: The Executive Director will ensure that all assessments and support plans are updated to show interventions are in place going forward. This will begin on 10/2/2024 and continue. Ongoing compliance will be reviewed at your Quarterly QA Review Meetings, beginning with the 2024 Q4 review, which will be held in January 2025.

Licensee's Proposed Overall Completion Date: 12/31/2024

**Implemented [REDACTED] - 11/21/2024)**