

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

January 23, 2025

[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 12/17/2024 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: *10/20/2025*  
 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: *84* Waking Staff: *63*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Incident* Exit Conference Date: *12/20/2024*

**Inspection Dates and Department Representative**

12/17/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *80* Residents Served: *64*

Secured Dementia Care Unit  
 In Home: *Yes* Area: *NA* Capacity: *18* Residents Served: *14*

Hospice  
 Current Residents: *11*

Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *78*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *20* Have Physical Disability: *0*

**Inspections / Reviews**

12/17/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/12/2025*

01/10/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *01/15/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/15/2025*

Inspections / Reviews *(continued)*

01/23/2025 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/15/2025

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**

On [REDACTED] at 5:30pm Resident [REDACTED] caused resident [REDACTED] to fall resulting in a [REDACTED] that required surgery. The confrontation was not directly witnessed but staff overheard arguing and yelling from the dining room. Staff found resident [REDACTED] on the floor in the dining room. When questioned, resident [REDACTED] reported that resident [REDACTED] punched [REDACTED] on the left cheek. Resident [REDACTED] does have prior events of physical aggression towards others.

**Plan of Correction****Accept [REDACTED] - 01/10/2025)**

1. *Immediate Corrective Actions:* Both Residents [REDACTED] and [REDACTED] were redirected away from each other, and were assessed by direct care staff, on [REDACTED]. Resident [REDACTED] did have complaints of pain in [REDACTED] left leg, 911 was notified and resident was transported to the hospital for evaluation. Resident [REDACTED] was immediately provided 1:1 supervision with a caregiver.

2. *Additional Corrective Action:* Resident [REDACTED] was provided a 30-day discharge notice relating to behaviors on [REDACTED] and was supported with 24/7 1:1 supervision, beginning [REDACTED] and behaviors continued to be monitored on all three shifts, in addition to offering engagement and activities through the Structured Day schedule. RASP was updated by Executive Director on [REDACTED] to show this change in care needs. Staff training and review of the Structured Day schedule will be offered by the Executive Director by January 31, 2025.

3. *Ongoing Quality Assurance Actions:* The Executive Director will continue to ensure that the Structured Day, as outlined in our Daybreak program, is implemented for activities and environment by all staff for the safety and well-being of our residents. This will be done by daily walks through the Memory Care Neighborhood, observations of a sample of activities, and continued discussions with team members at monthly staff meetings, beginning in January 2025. Ongoing compliance will be reviewed at our Quarterly QA review meetings beginning January 2025.

Licensee's Proposed Overall Completion Date: 01/31/2025

**Implemented [REDACTED] - 01/23/2025)**