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

January 20, 2026

THREE READING, LP
C/O HERITAGE SENIOR LIVING

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

,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/18/2025 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,

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: **Phone**: **Email**:

Legal Entity

Name: *THREE READING, LP*
Address:
Phone: **Email**:

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**: *I & L*

Staffing Hours

Resident Support Staff: **Total Daily Staff**: *90* **Waking Staff**: *68*

Inspection Information

Type: *Partial* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Incident* **Exit Conference Date**: *09/18/2025*

Inspection Dates and Department Representative

09/18/2025 - On-Site:

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *80* **Residents Served**: *58*

Secured Dementia Care Unit

In Home: *Yes* **Area**: *SDCU* **Capacity**: *18* **Residents Served**: *15*

Hospice

Current Residents: *13*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *76*
Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*
Have Mobility Need: *32* **Have Physical Disability**: *1*

Inspections / Reviews

09/18/2025 Partial

Lead Inspector: **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/18/2025*

10/17/2025 - POC Submission

Submitted By: **Date Submitted**: *10/22/2025*

Reviewer: **Follow-Up Type**: *Document Submission* **Follow-Up Date**: *10/24/2025*

Inspections / Reviews *(continued)*

01/20/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *10/22/2025*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

15a - Resident Abuse Report

1. Requirements

2600.
15.a. The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.701—10225.707) and 6 Pa. Code § 15.21—15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

Description of Violation

On an unknown date in August 2025, staff person A was observed by staff person B, shaking the chair of Resident as they were trying to stand and telling them to get up.
On staff person B observed staff person A spraying Residents and Resident with a water gun upsetting both residents These incidents were not reported to protective services until

Plan of Correction ***Accept - 10/17/2025)***

Immediate Corrective Action: Staff person A has since been terminated on The incident was reported by the Executive Director on 9/9/25.

Additional Corrective Action: All department managers were re-trained on OAPSA, the definition of abuse, and reporting abuse allegations immediately on 9/10/2025, by The Director of Quality Services and a sign-in sheet was completed. All incidents will be reviewed by the Executive Director and Resident Care Director at the daily Clinical Huddle, beginning 9/10/2025, to ensure they are reported appropriately and timely.

Ongoing Quality Assurance Actions: Beginning 9/10/2025, the Executive Director will be responsible for ensuring all abuse allegations are reported immediately per OAPSA, and all suspected abuse allegations will be reviewed as part of the Quarterly QA meetings to ensure ongoing compliance, beginning in January 2026 for review of Q4 2025 (October, November, and December).

Licensee's Proposed Overall Completion Date: *10/31/2025*

Implemented (- 10/24/2025)

15b - Supervisor Plan

2. Requirements

2600.
15.b. If there is an allegation of abuse of a resident involving a home's staff person, the home shall immediately develop and implement a plan of supervision or suspend the staff person involved in the alleged incident.

Description of Violation

On an unknown date in August 2025, staff person A was observed by staff person B, shaking the chair of Resident as they were trying to stand and telling them to get up.
On staff person A sprayed Residents and Resident with a water gun upsetting both residents. These incidents were observed by staff person B but staff person A remained working in the home until .

Plan of Correction ***Accept - 10/17/2025)***

Immediate Corrective Action: Staff person A has since been terminated on .

Additional Corrective Action: The Executive Director was educated by the Director of Quality Services on 9/10/2025 that, in the event of any abuse allegations, staff will be suspended pending investigation, which will be documented

15b Supervisor Plan (continued)

in the initial Incident Report to the state. Findings will be reviewed with the state before any employee may return to work.

Ongoing Quality Assurance Actions: Ongoing compliance will be reviewed as part of the Quarterly QA meetings, beginning in January 2026 for review of Q4 2025 (October, November, and December).

Licensee's Proposed Overall Completion Date: *10/31/2025*

Implemented 10/24/2025)

15c - Supervision

3. Requirements

2600.
15.c. The home shall immediately submit to the Department's personal care home regional office a plan of supervision or notice of suspension of the affected staff person.

Description of Violation

On an unknown date in August 2025, staff person A was observed by staff person B, shaking the chair of Resident as they were trying to stand and telling them to get up.
On , staff person A sprayed Residents and Resident with a water gun upsetting both residents This was observed by staff person B and staff person remained working in the home until . No plan of supervision was submitted to the department to have staff person remain working in the home.

Plan of Correction ***Accept (10/17/2025)***

Immediate Corrective Action: Staff person A has since been terminated on .

Additional Corrective Action: The Executive Director was educated by the Director of Quality Services on 9/10/2025 that, in the event of any abuse allegations, staff will be suspended pending investigation, which will be documented in the initial Incident Report to the state. Findings will be reviewed with the state before any employee may return to work.

Ongoing Quality Assurance Actions: Ongoing compliance will be reviewed as part of the Quarterly QA meetings, beginning in January 2026 for review of Q4 2025 (October, November, and December).

Licensee's Proposed Overall Completion Date: *10/31/2025*

Implemented - 10/24/2025)

15d - Resident Abuse-Notification

4. Requirements

2600.
15.d. The home shall immediately notify the resident and the resident's designated person of a report of suspected abuse or neglect involving the resident.

Description of Violation

On an unknown date in August 2025, staff person A was observed by staff person B, shaking the chair of Resident as they were trying to stand and telling them to get up.
On , staff person A sprayed Residents and Resident with a water gun upsetting both residents. This was

15d - Resident Abuse-Notification (continued)

observed by staff person B but were not reported to the resident's designated person.

Plan of Correction ***Accept 10/17/2025)***

Immediate Corrective Action: Residents and designated people were notified of the incident on by the Executive Director. Staff person A has since been terminated on

Additional Corrective Action: The Executive Director was educated on 9/10/25 by the Director of Quality Services that the resident's designated person needs to be notified of any and all incidents involving the resident. All incidents will be reviewed by the Executive Director and Resident Care Director at the daily Clinical Huddle, beginning 9/11/2025, to ensure they are reported appropriately and timely.

Ongoing Quality Assurance Actions: Beginning 9/10/2025, the Executive Director will immediately notify the resident's designated person of any and all incidents involving the specific resident. Ongoing compliance will be reviewed as part of the Quarterly QA meetings, beginning in January 2026 for review of Q4 2025 (October, November, and December).

Licensee's Proposed Overall Completion Date: *10/31/2025*

Implemented - 10/24/2025)

16c - Written Incident Report

5. Requirements

2600.

16.c. The home shall report the incident or condition to the Department's personal care home regional office or the personal care home complaint hotline within 24 hours in a manner designated by the Department. Abuse reporting shall also follow the guidelines in § 2600.15 (relating to abuse reporting covered by law).

Description of Violation

On an unknown date in August 2025, staff person A was observed by staff person B, shaking the chair of Resident as they were trying to stand and telling them to get up.
On , staff person A sprayed Residents and Resident with a water gun upsetting both residents This was observed by staff person B but was not reported to the department until

Plan of Correction ***Accept (- 10/17/2025)***

Immediate Corrective Action: Staff person A has since been terminated on . The Executive Director reported the incident to the department's personal care home regional office on 9/9/25.

Additional Corrective Action: The Executive Director was educated by the Director of Quality Services on 9/10/25 that all abuse allegations need to be reported immediately to the Department's personal care home regional office. All incidents will be reviewed by the Executive Director and Resident Care Director at the daily Clinical Huddle, beginning 9/11/2025, to ensure they are reported appropriately and timely.

Ongoing Quality Assurance Actions: Effective 9/10/2025, the Executive Director will immediately notify the Department's personal care home regional office of abuse allegations in the community. Ongoing compliance will be reviewed as part of the Quarterly QA meetings, beginning in January 2026 for review of Q4 2025 (October,

16c - Written Incident Report (continued)

November, and December).

Licensee's Proposed Overall Completion Date: *10/31/2025*

Implemented █ - 10/24/2025)

42c - Treatment of Residents

6. Requirements

2600.
42.c. A resident shall be treated with dignity and respect.

Description of Violation

On █ staff person A sprayed Residents █ and █ with a water gun. Both residents were upset by this and were heard cursing at staff person a regarding the incident.
On an unknown date in August 2025, staff person A was observed by staff person B, shaking the chair of Resident █ as they were trying to stand and telling them to get up. Staff person B stated that they had to calm Resident █ down after the incident by talking with them.

Plan of Correction ***Accept █ - 10/17/2025)***

Immediate Corrective Action: Staff person A has since been terminated on █

Additional Corrective Action: All department managers were educated on 9/10/2025 by the Director of Quality Services on reporting suspected abuse and resident rights. All staff will be re-educated on resident rights, abuse, and OAPSA on 10/16/2025 and a sign-in sheet will be completed.

Ongoing Quality Assurance Actions: The Executive Director will educate all care staff on resident rights on 10/16/2025. Resident rights will be discussed as part of the Quarterly QA meetings. All staff will continue to have annual training on Resident Rights and OAPSA, and that the BOD will review a 5% sample of staff records each month, to ensure training is completed. Ongoing compliance will be reviewed as part of the Quarterly QA meetings, beginning in January 2026 for review of Q4 of 2025 (October, November, December).

Licensee's Proposed Overall Completion Date: *10/31/2025*

Implemented █ - 10/24/2025)