

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

January 20, 2026

[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 09/30/2025 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,

[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

**Facility Information**

Name: *THE MANOR AT MARKET SQUARE* License #: *20589* License Expiration: *10/20/2026*  
 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: *103* Waking Staff: *77*

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint, Incident* Exit Conference Date: *10/07/2025*

**Inspection Dates and Department Representative**

09/30/2025 - 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: *15*

Hospice  
 Current Residents: *13*

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: *31* Have Physical Disability: *4*

**Inspections / Reviews**

09/30/2025 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/30/2025*

10/30/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *11/14/2025*  
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *11/14/2025*

Inspections / Reviews *(continued)*

01/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 11/14/2025

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 [REDACTED], at approximately 8:50p.m., Resident [REDACTED] reported that a bruise on their arm was caused by a [REDACTED] staff person. This allegation of abuse was not reported to Area Agency on Aging until [REDACTED]

Plan of Correction

Directed [REDACTED] - 10/30/2025)

Immediate Corrective Action: The incident was reported to the Executive Director on 9/22/2025 and it was immediately reported to Protective Services on 9/22/2025 by the Executive Director.

Additional Corrective Action: Staff were educated on 10/16/2025 by the Executive Director that all physical or sexual assault by or against a resident must be immediately reported to Protective Services.

Ongoing Quality Assurance Actions: Beginning on 9/30/2025 The Executive Director will monitor all incident reports to ensure that they are reported to Protective Services as outlined in the OAPSA and the state regulations. This 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, December)

Proposed Overall Completion Date: 11/14/2025

**Directed: In addition to the above plan of correction, the administrator or designee will review all internal incidents daily to ensure all allegations of abuse are immediately reported to the local Area Agency on Aging in accordance with the Older Adult Protective Services Act.**

Directed Completion Date: 11/14/2025

Implemented [REDACTED] 01/20/2026)

15c - Supervision

2. 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 [REDACTED] at approximately 8:50p.m., Resident [REDACTED] reported to staff person B that a bruise on their arm was caused by a [REDACTED] staff person. An internal investigation suspended staff person A from the home on [REDACTED]. On [REDACTED], the home unsubstantiated their internal investigation and staff person A returned to work on [REDACTED] at 2:30p.m. The home did not submit notice of suspension or plan of supervision for staff A until [REDACTED]

## 15c Supervision (continued)

**Plan of Correction**

Accept [REDACTED] - 10/30/2025)

*Immediate Corrective Action: On 9/22/2025 the Executive Director immediately suspended staff person A pending investigation.*

*Additional Corrective Action: The Executive Director was educated on 9/29/2025 by the Director of Quality Services that a plan of supervision needs to be submitted to the department's personal care home regional office for approval. It is our policy to suspend immediately.*

*Ongoing Quality Assurance Actions: The Executive Director will immediately ensure that staff are suspended pending investigation for all allegations of abuse, according to our policy. 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, December)*

**Licensee's Proposed Overall Completion Date: 11/14/2025**

Implemented [REDACTED] - 01/20/2026)

## 16c - Written Incident Report

**3. 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 [REDACTED] at approximately 8:50p.m., Resident [REDACTED] reported that a bruise on their arm was caused by a [REDACTED] staff person. This allegation of abuse was not reported to the Department until [REDACTED]

**Plan of Correction**

Directed [REDACTED] - 10/30/2025)

*Immediate Corrective Action: The incident was reported to the Executive Director on 9/22/2025 and it was immediately reported to DHS on 9/22/2025.*

*Additional Corrective Action: Staff were educated on 10/16/2025 by the Executive Director that all physical or sexual assault by or against a resident must be immediately reported to DHS.*

*Ongoing Quality Assurance Actions: Beginning on 9/30/2025 The Executive Director will monitor all incident reports to ensure that they are being reported to the department as outlined in the PCH Regulations. This 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, December)*

**Proposed Overall Completion Date: 11/14/2025**

**Directed: In addition to the above plan of correction, the administrator or designee will review all internal incidents daily to ensure all allegations of abuse are reported timely to the DHS.**

**Directed Completion Date: 11/14/2025**

16c - Written Incident Report (continued)

Implemented [REDACTED] - 01/20/2026)

25c10 - Advance Notice

4. Requirements

2600.

25.c. At a minimum, the contract must specify the following:

- 10. A statement that the resident is entitled to at least 30 days' advance notice, in writing, of the home's request to change the contract.

Description of Violation

On [REDACTED] staff person C issued a 30-day discharge to resident [REDACTED]. Staff person C informed Resident [REDACTED]'s responsible party that 1:1 service is required immediately, and the responsible party will be billed for the services.

Plan of Correction

Directed [REDACTED] - 10/30/2025)

Immediate Corrective Action: Resident [REDACTED] has since been discharged from the community.

Additional Corrective Action: Beginning 9/30/2025 the Executive Director will explain to new and/or current residents/responsible party that in the case of a resident needing 1:1 care, the resident/responsible party will be given the option of hiring private duty that they would pay privately. This is outlined in the Resident Agreement under sections 2.2, 2.3, 2.4, and 3.1.6.

Ongoing Quality Assurance Actions: In accordance with our contract, residents/payors will be responsible for payment to third party providers of supplemental services. A 5% sample of resident records will be reviewed each month by the Resident Care Director to ensure the Resident Agreement is in place and has been signed, beginning 10/1/2025. This 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, December)

Proposed Overall Completion Date: 11/14/2025

**Directed: All residents will be given a 30-day written notice of any changes to their contract including changes in charges for fees or services. Changes in a resident contract, will not be implemented until completion of the written 30-day notice time frame. Resident #2 will be refunded for any increased charges that were paid without a written 30-day notice of the change or payments made on charges that were started prior to completion of the 30-day notice time frame.**

Directed Completion Date: 11/14/2025

Implemented [REDACTED] - 01/20/2026)

28a - Refunds

5. Requirements

2600.

- 28.a. If, after the home gives notice of discharge or transfer in accordance with § 2600.228(b) (relating to notification of termination), and the resident moves out of the home before the 30 days are over, the home shall give the resident a refund equal to the previously paid charges for rent and personal care services for the remainder of the 30-day time period. The refund shall be issued within 30-days of discharge or transfer. The resident's personal needs allowance shall be refunded within 2 business days of discharge or transfer.

28a - Refunds (continued)

Description of Violation

On [REDACTED] the home issued a discharge notice to resident [REDACTED]. On [REDACTED] the resident moved out of the home, removing all personal belongings. The resident was due a refund of [REDACTED] for the security deposit held by the home. The home failed to issue a refund.

Plan of Correction

Directed [REDACTED] - 10/30/2025)

Immediate Corrective Action: Resident [REDACTED] was issued a refund of [REDACTED] by the Business Office Director on 10/27/2025.

Additional Corrective Action: The community's Business Office Director will keep track of all refunds that need to be issued or were issued to residents/families starting 10/27/2025 by using the 30-day chart audit form.

Ongoing Quality Assurance Actions: The 30-day chart audit form will be reviewed for all discharged residents by the Executive Director and Business Office Director beginning 10/27/2025. This 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, December).

Proposed Overall Completion Date: 11/14/2025

**Directed: In addition to the above plan of correction, The administrator will review all resident discharges and deaths in the last 12 months to ensure all refunds are in accordance with regulations 2600.28a through 2600.28g. Upon review the administrator will document in the resident record that the review was completed along with computation of any refund and the amount paid and the date paid.**

Directed Completion Date: 11/14/2025

Implemented [REDACTED] - 01/20/2026)

187d - Follow Prescriber's Orders

6. Requirements

2600.  
187.d. The home shall follow the directions of the prescriber.

Description of Violation

Resident [REDACTED] is prescribed [REDACTED] administered at 7:00a.m., 1:00p.m., and 7:00p.m. Resident [REDACTED] was not administered [REDACTED] on [REDACTED] at 1:00p.m., 7:00p.m., [REDACTED] at 7:00a.m., [REDACTED] at 7:00a.m., 1:00p.m., and 7:00p.m., [REDACTED] at 1:00p.m., 7:00p.m., [REDACTED] at 7:00a.m. and 1:00p.m., and [REDACTED] At 1:00p.m.

Plan of Correction

Accept [REDACTED] - 10/30/2025)

Immediate Corrective Action: The prescribing Physician was notified of missed medications on 9/9/2025 by the Resident Care Director.

Additional Corrective Action: All med techs were educated on 10/16/25 by the Resident Care Director to notify the Resident Care Director immediately of medication concerns.

Ongoing Quality Assurance Actions: The Resident Care Director and Executive Director will review all missed medications in our daily clinical huddle beginning 9/30/2025 and notify the Physician of all missed medications

**187d Follow Prescriber's Orders (continued)**

and the reason for the missed medication. The Resident Care Director will review the SMART dashboard throughout the day daily, beginning 10/1/25. This 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, December).

Licensee's Proposed Overall Completion Date: 11/14/2025

Implemented [REDACTED] - 01/20/2026)

**188b - Medication Error Reporting****7. Requirements**

2600.

188.b. A medication error shall be immediately reported to the resident, the resident's designated person and the prescriber.

**Description of Violation**

Resident [REDACTED] is prescribed [REDACTED] administered at 7:00a.m., 1:00p.m., and 7:00p.m. However, resident [REDACTED] was not administered [REDACTED] on [REDACTED] at 1:00p.m., 7:00p.m., [REDACTED] at 7:00a.m., [REDACTED] at 7:00a.m., 1:00p.m., and 7:00p.m., [REDACTED] at 1:00p.m., 7:00p.m., [REDACTED] at 7:00a.m. and 1:00p.m., and [REDACTED] At 1:00p.m. The medication error was not reported to the department.

**Plan of Correction**

Directed [REDACTED] - 10/30/2025)

Immediate Corrective Action: on 9/30/2025 The Resident Care Director and Clinical Care Coordinator were re educated on submitting Medication Errors to the department

Additional Corrective Action: All med techs were educated on 10/16/2025 by the Resident Care Director and Executive Director to notify a manager of any missed medications, and the regulatory requirements of reporting.

Ongoing Quality Assurance Actions: The Resident Care Director and Executive Director will review all missed medications in our daily clinical huddle beginning 9/30/2025 and notify the department of medication errors/missed medications beginning 9/30/2025. This 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, December).

Proposed Overall Completion Date: 11/14/2025

**In addition to the above plan of correction, the Resident Care Director and Clinical Care Coordinator were re-educated on submitting Medication Errors to the prescriber, resident and resident's designated person if any. The Resident Care Director and Executive Director will review all missed medications in our daily clinical huddle beginning 11/1/2025 and notify the prescriber, resident or resident's designated person if any of medication errors/missed medications.**

Directed Completion Date: 11/14/2025

Implemented [REDACTED] 01/20/2026)