

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 12/05/2025 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

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *103* Waking Staff: *77*

Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Interim* Exit Conference Date: *12/05/2025*

Inspection Dates and Department Representative

12/05/2025 - 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: *n/a* 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: *71*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *31* Have Physical Disability: *0*

Inspections / Reviews

12/05/2025 Partial

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *01/09/2026*

01/06/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *01/19/2026*
 Reviewer: [REDACTED] Follow-Up Type: *Document Submission* Follow-Up Date: *01/19/2026*

Inspections / Reviews *(continued)*

01/20/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 01/19/2026

Reviewer: [REDACTED]

Follow Up Type: *Not Required*

16c Written Incident Report

1. 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 4:00 p.m. Resident [redacted] was out of the home and missed a prescribed blood glucose check and administration of [redacted] resulting in a medication error. The home did not report the medication error to the Department.

Plan of Correction

Accept [redacted] - 01/06/2026)

Immediate Corrective Action: The Executive Director reported the incident to DHS on 12/5/2025.

Additional Corrective Action: Med Techs will be educated by 01/12/2026 by the Resident Care Director that all /medication errors be immediately reported to DHS. Beginning 01/02/2026 The Resident Care Director will review the clinical dashboard daily to monitor missed /medications and any other issues that may occur.

Ongoing Quality Assurance Actions: Beginning on 01/02/2026 The Resident Care Director and Clinical Care Coordinator will monitor all medication errors to ensure that they are being reported to the department as outlined in the PCH Regulations. Incidents are reviewed at daily clinical meetings and our quarterly QA meeting to follow up and ensure that incidents are reported timely and accurately. This will be reviewed as part of the quarterly QA meetings to ensure ongoing compliance, beginning in April 2026 for review of Q1 2026 (January, February, March)

Licensee's Proposed Overall Completion Date: 01/19/2026

Implemented [redacted] - 01/20/2026)

101j7 Lighting/Operable Lamp

2. 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 [redacted], resident [redacted] and resident [redacted] did not have access to a source of light that can be turned on/off at bedside. All 3 residents had lamps at bedside that could only be operated by the wall switches which were not within reach of the residents’ beds.

Plan of Correction

Accept [redacted] 01/06/2026)

Immediate Corrective Action: The Maintenance Assistant fixed the outlets and lamps for residents [redacted] and [redacted] to ensure that the light could be turned off manually rather than just the wall switch on 01/02/2026

Additional Corrective Action: The Maintenance Assistant was educated on 01/02/2026 by the Executive Director that residents need to have a source of lighting and within reach at bedside.

Ongoing Quality Assurance Actions: The Maintenance Assistant will audit apartments weekly with our “apartment turnover checklist” to ensure each resident has a light within reach of bed starting 1/5/2026. This will be reviewed as part of the quarterly QA meetings to ensure ongoing compliance, beginning in beginning in April 2026 for review of Q1 2026 (January, February, March)

Licensee's Proposed Overall Completion Date: 01/19/2026

101j7 Lighting/Operable Lamp (continued)

Implemented [REDACTED] - 01/20/2026)

127a Portable Space Heaters

3. Requirements

2600.
127.a. Portable space heaters are prohibited.

Description of Violation

At approximately 1:00 p.m., a portable space heater was in use in the administration office of the home.

Plan of Correction Accept [REDACTED] - 01/06/2026)

Immediate Corrective Action: On 12/05/2025 the Executive Director was educated by the Department of Human Services Representative [REDACTED] and [REDACTED] that space heaters are prohibited.

Additional Corrective Action: on 12/05/2025 the space heater in the Administration office was removed and office staff and residents were educated by the Executive Director to not have space heaters on 01/02/2026.

Ongoing Quality Assurance Compliance: The Maintenance Assistant will audit apartments and offices weekly with our "apartment turnover checklist" to ensure there are no space heaters present in resident apartments or offices starting 1/5/26. This will be reviewed as part of the quarterly QA meetings to ensure ongoing compliance, beginning in January 2026 for Q1 2026.

Licensee's Proposed Overall Completion Date: 01/19/2026

Implemented [REDACTED] - 01/20/2026)

181d Storing Medication

4. Requirements

2600.
181.d. If the resident does not need assistance with medication, medication may be stored in a resident's room for self administration. Medications stored in the resident's room shall be kept locked in a safe and secure location to protect against contamination, spillage and theft.

Description of Violation

Resident [REDACTED] self-administers medications and stores medications in [REDACTED] room. At approximately 9:40 a.m., there were several unlocked, unattended medications to include [REDACTED] and [REDACTED] tablets in Resident # [REDACTED] bedroom. Resident [REDACTED] shares a room with Resident [REDACTED] who is not assessed to self-administer medications.

Plan of Correction Accept [REDACTED] - 01/06/2026)

Immediate Corrective Action: The Executive Director provided education to resident [REDACTED] on 12/5/25 that medications needed to be stored in a lock box.

Additional Corrective Action: Clinical staff will be educated by the Resident Care Coordinator by 1/12/26 that residents who self-administer their medications need to have their medications locked at all times.

Ongoing Quality Assurance Actions: Utilizing the "medication cart audit form" the Clinical Care Coordinator will audit resident [REDACTED] medication on a weekly basis beginning the week of January 5th, 2026, to ensure that they are locking them within the lockbox. This will be reviewed as part of the quarterly QA meetings to ensure ongoing compliance, beginning in April 2026 for review of Q1 2026 (January, February, March)

181d -Storing Medication (continued)

Licensee's Proposed Overall Completion Date: 01/19/2026

Implemented [REDACTED] - 01/20/2026)

183e - Storing Medications

5. Requirements

2600.

183.e. Prescription medications, OTC medications and CAM shall be stored in an organized manner under proper conditions of sanitation, temperature, moisture and light and in accordance with the manufacturer's instructions.

Description of Violation

The [REDACTED] belonging to Resident [REDACTED] was found in the Memory Care medication cart with no date to indicate when the [REDACTED] was removed from the tray for use. According to the manufacturer's instructions the inhaler is to be discarded six weeks after removal from the tray for use.

Plan of Correction

Accept [REDACTED] 01/06/2026)

Immediate Corrective Action- on 12/5/25 resident [REDACTED] was removed and discarded from the medication cart by the Clinical Care Coordinator. On 12/5/25 an order was requested and sent to pharmacy for a new [REDACTED] for resident [REDACTED].

Additional Corrective Action: Med Techs will be educated by 1/12/26 by the Resident Care Coordinator on dating open medication as per PCH regulations.

Ongoing Quality Assurance Compliance: The Clinical Care Coordinator will audit at least one med cart per day utilizing the "Medication Cart Audit Form" to ensure medications are stored in the medication carts per PCH regulations. This will be reviewed as part of the quarterly QA meetings to ensure ongoing compliance, beginning in April 2026 for review of Q1 2026 (January, February, March)

Licensee's Proposed Overall Completion Date: 01/19/2026

Implemented [REDACTED] - 01/20/2026)

185a - Implement Storage Procedures

6. 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

Resident [REDACTED] has an order for [REDACTED] before meals on a sliding scale basis. On the following dates and times blood glucose readings were documented on the resident's Medication Administration Record (MAR) but were not saved in the resident's glucometer:

[REDACTED]

Resident [REDACTED] has an order for [REDACTED] 2 tablets every 4 hours as needed for pain. At 12:20 p.m. the medication was not available in the medication cart to be administered if needed.

185a Implement Storage Procedures (continued)

Resident [REDACTED] has an order for blood glucose checks twice daily at 6:30 a.m. and at bedtime. On [REDACTED] at bedtime, the resident had a blood glucose reading of [REDACTED] observed in the resident's glucometer which was documented on the resident's medication administration record as [REDACTED].

Resident [REDACTED] has a PRN order for [REDACTED] capsules. The medication was not available in the medication cart.

Repeat Violation: [REDACTED] et al

Plan of Correction

Accept [REDACTED] 01/06/2026)

Immediate Corrective Action:

Resident [REDACTED] Verbal training was conducted by the Executive Director to the med techs on shift related to saving glucose reading within the glucometer.

Resident [REDACTED] Clinical Care Coordinator had order for APAP 325mp filled by the pharmacy on 12/5/2025.

Resident [REDACTED]: Glucose readings were updated to match glucometer by the Executive Director on 1/2/26.

Resident [REDACTED] Clinical Care Coordinator had order for PRN [REDACTED] capsule filled by the pharmacy on 12/5/2025

Additional Corrective Action: Training regarding proper storage procedures (reordering medication and properly documenting glucose readings) will be completed by January 19th, 2026. Additionally, weekly med cart audits will be conducted by Med Techs to verify that all required medications are in the med carts.

Ongoing Corrective Action: The Executive Director and Resident Care Director will review the med cart audit forms, and any findings, patterns, and trends will be reviewed at the Quarterly Quality Assurance Meeting, beginning April for Q1 2026 (January, February, and March).

Licensee's Proposed Overall Completion Date: 01/19/2026

Implemented [REDACTED] - 01/20/2026)

187d - Follow Prescriber's Orders

7. Requirements

2600.

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

Description of Violation

Resident [REDACTED] has an order for [REDACTED] before meals on a sliding scale basis. On [REDACTED] 8:29 a.m. the blood glucose reading was [REDACTED] requiring [REDACTED] of insulin, [REDACTED] of insulin were administered. On [REDACTED] at 12:27 p.m. the blood glucose reading was [REDACTED] requiring [REDACTED] of insulin, [REDACTED] of insulin were administered. On [REDACTED] the resident's blood glucose reading was not measured before dinner.

Repeat Violation: [REDACTED] et al

Resident [REDACTED] has an order for [REDACTED], one tablet 3 times daily, hold for blood pressure greater than [REDACTED]. On [REDACTED] at 7:00 a.m. the resident's blood pressure was [REDACTED] but the medication was not held. On [REDACTED] at 7:00

187d - Follow Prescriber's Orders (continued)

a.m. the resident's blood pressure was [REDACTED] but the medication was not held.

Resident [REDACTED] has an order for blood glucose checks at 7:00 a.m., 11:00 a.m., 4:00 p.m. and at bedtime. The resident also has an order for [REDACTED] to be administered on a sliding scale at 7:00 a.m., 11:00 a.m., and 4:00 p.m. The resident was out of the home on [REDACTED] and did not receive a blood glucose check and was not administered [REDACTED] at 4:00 p.m.

Plan of Correction**Accept [REDACTED] - 01/06/2026)**

Immediate Corrective Action: Resident [REDACTED] and resident [REDACTED] physicians were notified by the Clinical Care Coordinator of medication errors on 12/5/25 and no new orders were given.

Additional Corrective Action: The Clinical Care Coordinator will educate all med techs on ensuring that the MARS matches the actual medication in the medication carts and that residents need to have their medications per our "Medication Management Standards" by 1/12/26.

Ongoing Quality Assurance Actions: The Clinical Care Coordinator will audit MARs and carts weekly to ensure that medications match documentation/orders in the MAR, by using the medication cart audit form beginning 1/5/26. This will be reviewed as part of the quarterly QA meeting to ensure ongoing compliance, beginning April 2026 for Q1 2026 (January, February, March)

Licensee's Proposed Overall Completion Date: 01/19/2026

Implemented [REDACTED] - 01/20/2026)