

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

June 2, 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 03/31/2026, 04/10/2026, 04/13/2026, 04/14/2026, 04/24/2026 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]  
Human Services Licensing Supervisor

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: C-2 LP Date: 08/01/2000 Issued By: City of Reading

**Staffing Hours**

Resident Support Staff: 0 Total Daily Staff: 104 Waking Staff: 78

**Inspection Information**

Type: Partial Notice: Unannounced BHA Docket #:  
 Reason: Incident Exit Conference Date: 04/14/2026

**Inspection Dates and Department Representative**

03/31/2026 - On-Site: [REDACTED]  
 04/10/2026 - Off-Site: [REDACTED]  
 04/13/2026 - Off-Site: [REDACTED]  
 04/14/2026 - Off-Site: [REDACTED]  
 04/24/2026 - Off-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

**General Information**  
 License Capacity: 80 Residents Served: 73

**Secured Dementia Care Unit**  
 In Home: Yes Area: Capacity: 18 Residents Served: 16  
 Daybreak Neighborhood

**Hospice**  
 Current Residents: 15

**Number of Residents Who:**  
 Receive Supplemental Security Income: 0 Are 60 Years of Age or Older: 73  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 31 Have Physical Disability: 0

**Inspections / Reviews**

03/31/2026 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 05/15/2026

05/18/2026 POC Submission

Submitted By: [REDACTED]

Date Submitted: 05/26/2026

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 05/29/2026

06/02/2026 Document Submission

Submitted By: [REDACTED]

Date Submitted: 05/26/2026

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

A reportable incident involving Resident [redacted] occurred on [redacted] at approximately 5:15 P.M. The home reported the incident to the Department on [redacted]

Plan of Correction

Accept [redacted] - 05/18/2026)

Immediate Corrective Action: On 03/20/2026, the home reported the incident for Resident [redacted] to the Department’s regional office.

Additional Corrective Action: On 03/31/2026, the Resident Care Director and Executive Director conducted an in-service training with all managers and wellness team on the 2600.16 reporting requirements notification to the Department.

Ongoing Quality Assurance Actions: Beginning 05/12/2026, the Executive Director will review incident and hospital transfer logs to ensure all reportable events have been submitted to the department within the required 24-hour timeframe. This review will take place at our daily clinical huddles. Findings will be documented and variances will be corrected and re-educated as needed to ensure ongoing compliance. We will review the findings at our quarterly QA meeting, with the next meeting being held in July to review Q2 2026.

Licensee's Proposed Overall Completion Date: 05/26/2026

Implemented [redacted] - 06/02/2026)

23a - Activities of Daily Living Assistance

2. Requirements

2600.

23.a. A home shall provide each resident with assistance with ADLs as indicated in the resident’s assessment and support plan.

Description of Violation

Resident [redacted] annual support plan, finalized on [redacted], documented that Resident [redacted] is unable to ambulate safely and utilizes a wheelchair for mobility. The support plan required staff assistance with wheelchair mobility to ensure Resident [redacted] is assisted to and from where the resident needs to go safely.

On [redacted], at approximately 5:15 PM, Staff A reported observing Staff B handling Resident [redacted] wheelchair in an inappropriate manner, including turning the wheelchair aggressively at 180 degrees while resident was seated, free rolling the wheelchair and disregarding safe mobility practices. Resident [redacted] was not provided services as identified in their support plan.

Plan of Correction

Accept [redacted] - 05/18/2026)

Immediate Corrective Action: Immediately upon notification of the incident on March 19, 2026, Staff B was

**23a - Activities of Daily Living Assistance (continued)**

removed from resident care duties pending investigation. Resident [REDACTED] was assessed for any signs or symptoms of injury, distress, or negative outcome related to the incident, with no injuries identified at that time.

*Additional Corrective Action: By 05/19/2026, all DCS will be retrained by the Executive Director on providing residents with assistance with ADLs as indicated in the resident's RASP.*

*Ongoing Quality Assurance Actions: Beginning the week of 05/25/2026, the Resident Care Director or designee will complete weekly observations of staff providing assistance with ADLs and wheelchair mobility for a two residents for a period of two months to ensure services are being provided in accordance with resident support plans and safe care practices. Any concerns identified during observations will be addressed immediately through staff counseling and/or re-education. Findings will be reviewed during the community's quarterly Quality Assurance meeting, with the next meeting scheduled for July 2026 for review of Q2 2026 trends and compliance monitoring.*

**Licensee's Proposed Overall Completion Date: 05/26/2026**

**Implemented [REDACTED] - 06/02/2026)**

**42c - Treatment of Residents****3. Requirements**

2600.

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

**Description of Violation**

On [REDACTED] at approximately 5:15 PM, Staff A reported observing Staff B inform Resident [REDACTED] of intent to take Resident [REDACTED] upstairs to their bedroom while Resident [REDACTED] repeatedly refused and requested to remain downstairs with other residents in the atrium area. Staff B positioned Resident [REDACTED]'s wheelchair between the chair and couch furniture in the atrium area and stated, "there be with your friends," in an inappropriate tone.

**Plan of Correction**

**Accept [REDACTED] - 05/18/2026)**

*Immediate Corrective Action: At the time the investigation that occurred on 3/19/2026, Staff member B resigned from her position.*

*Additional Corrective Action: All DCS were retrained on resident rights on 3/31/26 by the Resident Care Director.*

*Ongoing Quality Assurance Actions: Beginning the week of 05/25/2026, the Resident Care Director or designee will complete weekly observations of staff providing assistance with ADLs to 2 residents to ensure the resident is being treated with dignity and respect for a two month period. Any concerns identified during observations will be addressed immediately through staff counseling and/or re-education. This will be reviewed as part of the quarterly QA meetings, beginning July 2026. The Executive Director will ensure compliance by providing quarterly oversight.*

**Licensee's Proposed Overall Completion Date: 05/26/2026**

**Implemented [REDACTED] 06/02/2026)**

**54a - Direct Care Staff****4. Requirements**

2600.

**54a - Direct Care Staff (continued)**

54.a. Direct care staff persons shall have the following qualifications:

2. Have a high school diploma, GED or active registry status on the Pennsylvania nurse aide registry.

**Description of Violation**

*Direct care staff person B, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.*

**Plan of Correction**

**Accept** [REDACTED] - 05/18/2026)

*Immediate Corrective Action: At the time of inspection on 03/31/2026, an audit was performed on all DCS diplomas to ensure compliance by the Business Office Director.*

*Additional Corrective Action: Business Office Director was trained by the Executive Director on 4/1/2026 on regulation number 54a.*

*Ongoing Quality Assurance Actions: The Business Office Director will perform audits on 5% of employee files quarterly. This will be reviewed as part of the quarterly QA meetings, beginning July 2026. The Executive Director will ensure compliance by providing quarterly oversight.*

**Licensee's Proposed Overall Completion Date: 05/26/2026**

**Implemented** [REDACTED] - 06/02/2026)