

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

December 24, 2024

[REDACTED]  
PRODIGY SPECTRUM MANAGEMENT PLUS  
[REDACTED]  
[REDACTED]

RE: PRODIGY SPECTRUM  
MANAGEMENT PLUS  
626 W. MARKET STREET  
YORK, PA, 17401  
LICENSE/COC#: 33969

[REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/12/2024 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: *PRODIGY SPECTRUM MANAGEMENT PLUS* License #: *33969* License Expiration: *05/20/2025*  
 Address: *626 W. MARKET STREET, YORK, PA 17401*  
 County: *YORK* Region: *CENTRAL*

**Administrator**

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

**Legal Entity**

Name: *PRODIGY SPECTRUM MANAGEMENT PLUS*  
 Address: [REDACTED]  
 Phone: [REDACTED] Email: [REDACTED]

**Certificate(s) of Occupancy**

Type: *R-4* Date: *02/12/2024* Issued By: *City of York*

**Staffing Hours**

Resident Support Staff: *0* Total Daily Staff: *6* Waking Staff: *5*

**Inspection Information**

Type: *Full* Notice: *Unannounced* BHA Docket #:  
 Reason: *Renewal* Exit Conference Date: *09/12/2024*

**Inspection Dates and Department Representative**

09/12/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: *11* Residents Served: *6*  
 Secured Dementia Care Unit  
 In Home: *No* Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: *0*  
 Number of Residents Who:  
 Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *6*  
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *0* Have Physical Disability: *0*

**Inspections / Reviews**

09/12/2024 Full  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/03/2024*

10/02/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: *10/31/2024*  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *10/08/2024*

Inspections / Reviews *(continued)*

10/07/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 11/02/2024

12/24/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/31/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

3c - Post Current License

1. Requirements

2600.

3.c. The personal care home shall post the current license, a copy of the current license inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

Description of Violation

On [REDACTED], the home's most current licensing summary issued by the Department, dated 5/6/2024 was not posted in a conspicuous and public place in the home.

Plan of Correction

Accept [REDACTED] - 10/02/2024)

On [REDACTED], the inspectors educated the administrator on posting all parts of the licensing summary and where it should be located in the facility. The administrator immediately posted all parts of the current licensing summary in its entirety. The licensing summary is placed in the lobby where the public is free to access it at any time. The licensing summary is inside a folder marked license inspection summary, and the folder sits inside a clear container that is place in a very conspicuous area directly next to the public/visitors and residents sign-in and out sheet. To ensure future compliance the administrator will post current license inspection summary as soon as it is received by the state. The administrator will conduct a monthly check every first day of the month to ensure the inspection summary is in good condition for all to view effective 10/1/2024.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented ([REDACTED] - 12/24/2024)

18 - Compliance With Laws

2. Requirements

2600.

18. Applicable Health and Safety Laws - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

Description of Violation

According to the Influenza Awareness Act (NH 1785), residences must post the required influenza information in a public place in the residence year-round. On [REDACTED] the home did not have the flu awareness poster posted in the home

Plan of Correction

Accept [REDACTED] - 10/02/2024)

The administrator immediately ordered and posted a current flu awareness poster in all common areas after being educated by the inspectors on [REDACTED]. The administrator also distributed an individual copy of the flu awareness information to each resident on [REDACTED]. To ensure future compliance administrator assistant will check the posters every first day of the month to ensure the posters are in good condition and visible to all residents effective [REDACTED].

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented ([REDACTED] 12/24/2024)

44g - Telephone Number

3. Requirements

2600.

44.g. The telephone number of the Department's personal care home regional office, the local ombudsman or protective services unit in the area agency on aging, Pennsylvania Protection & Advocacy, Inc., the local law enforcement agency, the Commonwealth Information Center and the personal care home complaint hotline shall be posted in large print in a conspicuous and public place in the home.

44g Telephone Number (continued)

**Description of Violation**

On [REDACTED] the telephone numbers of the Department's personal care home regional office, the Commonwealth Information Center, and the personal care home complaint hotline were not posted conspicuously and publicly in the home.

**Plan of Correction**

Accept ([REDACTED] - 10/02/2024)

On [REDACTED] the inspectors educated the administrator on posting the telephone numbers of the Department's personal care home regional office, the Commonwealth Information Center, and the personal care home complaint hotline in a conspicuous public place in the home. On [REDACTED] the admin assistant immediately gathered the contact information for the Department's personal care home regional office, the Commonwealth Information Center, and the personal care home complaint hotline. It was then posted in a public, conspicuous area of the home located over top of the residents' common area telephone. To ensure future compliance the administrator assistant will ensure these contact numbers remain posted and visible by performing by conducting a visual check every Monday of each week to ensure the telephone numbers are intact and visible, effective [REDACTED]

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented ([REDACTED] 12/24/2024)

54a - Direct Care Staff

**4. Requirements**

2600.

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**

Staff Member A, who provides direct care services, does not have a high school diploma, GED, or active registry status on the Pennsylvania nurse aide registry.

**Plan of Correction**

Accept ([REDACTED] - 10/07/2024)

On [REDACTED] the inspectors educated the administrator and administrator's assistant on the credentials needed for each employee's file. On [REDACTED] the administrator immediately contacted staff member A to have them provide their high school diploma/transcript. To ensure future compliance, prior to employees first day they must provide a copy of high school diploma/transcript, GED, or show active registry status on the PA nurse aide registry. All copies will be kept in the employees' file. The administrator will assure we are in compliance by checking all employee's credentials before start date. This policy will go into effect [REDACTED].

Please complete an audit of all remaining staff member's records to ensure they have the required qualifications on file. Include the date this will be completed as well as the staff member's title responsible.

An audit was completed by the administrator on [REDACTED] of all staff member records.

Please include the date Staff Member A's qualifications were received and filed in the home.

Staff Member A had misplaced [REDACTED] high school diploma and [REDACTED] had to order a new one. [REDACTED] should receive the transcripts by [REDACTED] Attach is a copy of the receipt for the replacement transcripts.

Licensee's Proposed Overall Completion Date: 10/03/2024

54a - Direct Care Staff (continued)

Implemented (████ - 12/24/2024)

65a - FS Orientation 1st Day

5. Requirements

2600.

65.a. Prior to or during the first work day, all direct care staff persons including ancillary staff persons, substitute personnel and volunteers shall have an orientation in general fire safety and emergency preparedness that includes the following:

1. Evacuation procedures.
2. Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
3. The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
4. Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
5. The location and use of fire extinguishers.
6. Smoke detectors and fire alarms.
7. Telephone use and notification of emergency services.

Description of Violation

Staff Member A, whose first day of work was ██████, and Staff Member B, whose first day of work was ██████, did not receive orientation on the following topics as of ██████

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.
- (6) Smoke detectors and fire alarms.
- (7) Telephone use and notification of emergency services

Plan of Correction

Accept (████ - 10/02/2024)

On ██████ the inspectors educated the Administrator that all direct care staff must have a FS orientation. On ██████ the administrator repeated an orientation for all staff with topics that consisted of:

- (1) Evacuation procedures.
- (2) Staff duties and responsibilities during fire drills, as well as during emergency evacuation, transportation and at an emergency location if applicable.
- (3) The designated meeting place outside the building or within the fire-safe area in the event of an actual fire.
- (4) Smoking safety procedures, the home's smoking policy and location of smoking areas, if applicable.
- (5) The location and use of fire extinguishers.

65a FS Orientation 1st Day (continued)

(6) Smoke detectors and fire alarms.

(7) Telephone use and notification of emergency services.

To ensure future compliance, the administrator created a sign off sheet that indicates that the employee received this orientation. The sign off sheet will contain the employee's and administrator's signature. The administrator's signature will be on every sign off sheet to ensure that the orientation was complete. The FS orientation will be conducted 24 hours before the employee start date. All documentation will be kept in the employee's file for future documentation. This policy will go into effect 10/1/24.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [redacted] - 12/24/2024)

65b - Rights/Abuse 40 Hours

6. Requirements

2600.

65.b. Within 40 scheduled working hours, direct care staff persons, ancillary staff persons, substitute personnel and volunteers shall have an orientation that includes the following:

- 1. Resident rights.
- 2. Emergency medical plan.
- 3. Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101—10225.5102).
- 4. Reporting of reportable incidents and conditions.

Description of Violation

Staff Member A, whose first day of work was [redacted], and Staff Member B, whose first day of work was [redacted], did not complete training within 40 scheduled working hours in the following topics:

- (1) Resident rights
- (2) Emergency medical plan
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101 10225.5102)
- (4) Reporting of reportable incidents and conditions

Plan of Correction

Accept [redacted] 10/02/2024)

On [redacted] the inspectors educated the Administrator that all direct care staff must have a FS orientation. On [redacted] the administrator repeated an orientation for all staff with topics that consisted of:

- (1) Resident rights
- (2) Emergency medical plan
- (3) Mandatory reporting of abuse and neglect under the Older Adult Protective Services Act (35 P.S. § 10225.101 10225.5102)
- (4) Reporting of reportable incidents and conditions

To ensure future compliance, the administrator created a sign off sheet that indicates that the employee received this orientation. The sign off sheet will contain the employee's and administrator's signature. The administrator's signature will be on every sign off sheet to ensure that the orientation was complete. The rights/abuse orientation will need to be conducted 24 hours before the employee start date. All documentation will be kept in the employee's file for future documentation. This policy will go into effect 10/1/24.

65b - Rights/Abuse 40 Hours (continued)

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [redacted] - 12/24/2024)

65d - Initial Direct Care Training

7. Requirements

2600.

65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

- 2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Staff Member A, whose first day of work was [redacted], and Staff Member B, whose first day of work was [redacted], did not complete the Department-approved direct care training course and pass the competency test as of [redacted]

Plan of Correction

Accept [redacted] - 10/07/2024)

On [redacted] the inspectors educated the administrator and admin assistant on the needed Department-approved direct care training course. Staff member A and Staff Member B immediately enrolled in the Department-approved direct care training course. Staff Member B has completed the course [redacted] To ensure future compliance employees will need to complete the Department-approved direct care training course within their first week of employment and training, effective 10/1/2024. The administrator or admin assistant will ensure that this is completed for each employee.

Please include the anticipated date of completion for Staff Member A.

- Staff Member A has completed their course as of [redacted].

Please clarify how the administrator or assistant will ensure this training is completed for each employee moving forward-be sure to include the start date for the process.

- On [redacted] the administrator created a log sheet with all employee required courses, that contain the start dates and renewals dates for each employee. The administrator will check this log every 1st day of each month and remind each staff member 60 day from the renewal date that it is time for renewal to ensure compliance.

Licensee's Proposed Overall Completion Date: 10/07/2024

Implemented [redacted] - 12/24/2024)

85a - Sanitary Conditions

8. Requirements

2600.

85.a. Sanitary conditions shall be maintained.

Description of Violation

On [redacted] resident bedroom [redacted] smelled of a strong urine odor and soiled clothing was observed on the floor in the closet.

85a Sanitary Conditions (continued)

Plan of Correction

Accept [redacted] - 10/07/2024)

On [redacted] the inspectors educated the administrator on different solutions for correcting the soiled clothing on the floor. The administrator immediately picked up and cleaned the clothing. The room was also cleaned immediately. A meeting was held with this resident to correct this moving forward. To ensure compliance moving forward the direct support staff will be responsible to check in on room [redacted] more frequently throughout the day to ensure cleanliness, effective 10/1/2024.

Please include the staff member's title who cleaned the room and what date the room was cleaned on.

The administer was the staff member that cleaned the room on Thursday [redacted] (Please see attachment)

Please include the date the meeting was held with the resident and the staff member's title who spoke with the resident.

The administrator was the staff member that held an independent meeting with both residents that resides in room [redacted] on [redacted]. (Please see attachment.)

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [redacted] - 12/24/2024)

89b - Hot Water Temperature

9. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

On [redacted] at approximately 9:50 AM, the hot water temperature in the second floor communal bath/shower measured 130 degrees Fahrenheit.

Plan of Correction

Accept [redacted] - 10/02/2024)

On [redacted] the inspectors educated the administrator on the hot water temperature in areas accessible to the resident may not exceed 120F. The administrator immediately turned the hot water down to 115F. To ensure compliance moving forward the director will do a maintenance check every first day of the month using a water thermometer to ensure accuracy of the water temperature effective 10/1/24.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [redacted] - 12/24/2024)

93a - Handrails

10. Requirements

2600.

93.a. Each ramp, interior stairway and outside steps must have a well-secured handrail.

Description of Violation

On [redacted] the right descending handrail on the exterior fire escapes leading from the second and third floors was observed to be loose and wobbly and one of the slats was broken.

93a Handrails (continued)

Plan of Correction

Accept [redacted] - 10/02/2024)

On [redacted] the inspectors educated the administrator on the loose and wobbly handrail on the exterior fire escape and broken slat. The administrator immediately called a service company on [redacted] to schedule a service repair. The service company conducted the repair on [redacted]. To ensure future compliance the director will conduct a monthly safety audit every first day of each month. There will be a sign off sheet signed by the director to assure this task has been performed effective 10/1/24.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [redacted] - 12/24/2024)

96a - First Aid Kit

11. Requirements

2600.

96.a. The home shall have a first aid kit that includes nonporous disposable gloves, antiseptic, adhesive bandages, gauze pads, thermometer, adhesive tape, scissors, breathing shield, eye coverings and tweezers.

Description of Violation

On [redacted], the home's first aid kit did not contain eye coverings.

Repeated Violation 5/6/2024

Plan of Correction

Accept [redacted] - 10/07/2024)

On [redacted] the inspectors educated the administrator on what acceptable eye coverings look like for the first aid kit. The administrator immediately ordered new first aid kits and appropriate eye coverings. To ensure future compliance the administrator will conduct a monthly audit beginning 10/1/24. A list will be kept showing what has been used from the first aid kit to ensure proper replacement for used materials.

Please include the date the eye coverings were placed in the first aid kit.

On [redacted] eye covering was placed inside all first kits.

Licensee's Proposed Overall Completion Date: 10/06/2024

Implemented [redacted] - 12/24/2024)

102i - Soap Dispenser

12. Requirements

2600.

102.i. A dispenser with soap shall be provided within reach of each bathroom sink. Bar soap is not permitted unless there is a separate bar clearly labeled for each resident who shares a bathroom.

Description of Violation

On [redacted], the second floor communal bath/shower, which is a shared bathroom in the home, was observed to have an unlabeled bar of green soap.

Plan of Correction

Accept [redacted] - 10/07/2024)

On [redacted] the inspectors educated the administrator and admin assistant about the bar of soap being unlabeled.

On [redacted] the unlabeled bar of soap was immediately removed. A meeting was held with new resident in

102i - Soap Dispenser (continued)

which the soap belonged to, and the administrator educated the resident on why personal items such as soap cannot be left in the shower or restroom. To ensure future compliance the direct support staff will check the shower when they do daily restroom cleanings, effective 10/1/2024.

Please include the date the Administrator spoke with the resident  
- The administrator spoke with the resident on [REDACTED] (Please see attachment.)

Licensee's Proposed Overall Completion Date: 10/04/2024

Implemented [REDACTED] 12/24/2024)

103e - Left Overs

13. Requirements

2600.

103.e. Food served and returned from an individual's plate may not be served again or used in the preparation of other dishes. Leftover food shall be labeled and dated.

Description of Violation

On [REDACTED] at approximately 9:41 AM, the left-side refrigerator in the kitchen had an unlabeled, undated PennState Tupperware containing leftover food.

Plan of Correction

Directed [REDACTED] - 10/07/2024)

On [REDACTED] the inspectors educated the administrator on the unlabeled food container. On [REDACTED] the unlabeled food container was immediately disposed of. Beginning [REDACTED] labels will be available in the kitchen and leftovers, or food containers will be labeled with the contents of the container and when the item was opened or made. All staff will be educated on the labels and the location of labels by [REDACTED].

Please implement a step to ensure on-going compliance. Include the start date and the staff member's title responsible. An example of how compliance can be maintained is through checks by a designated staff weekly, monthly, etc.

- The assistant administrator will ensure compliance by maintaining a daily check while completing the daily refrigerator log. The administrator added to the current daily refrigerator log form to check the refrigerator for any unlabeled food containers and the staff member must initial the form daily to ensure that this task has been completed. (Please see attachment.)

(Directed)

In addition to the above plan of correction, the the daily refrigerator log will be implemented no later than 10/15/24.

Directed Completion Date: 10/15/2024

Implemented [REDACTED] - 12/24/2024)

123b - Emergency Procedures Posted

14. Requirements

2600.

123.b. Copies of the emergency procedures as specified in § 2600.107 (relating to emergency preparedness) shall be posted in a conspicuous and public place in the home and a copy shall be kept.

Description of Violation

On [REDACTED], the written emergency procedures for the home's municipality were not posted in a conspicuous and public place in the home.

Plan of Correction

Accepted [REDACTED] - 10/07/2024)

On [REDACTED] the inspectors educated the administrator on having a written emergency procedure for the home's municipality posted in a conspicuous and public place. On [REDACTED] the administrator contacted the City of York and received a copy of the municipality emergency procedures. The administrator placed a copy in the lobby where the public is free to access it at any time. The emergency procedures are inside a folder marked municipality emergency procedure, and the folder sits inside a clear container that is place in a very conspicuous area directly next to the public/visitors and residents sign and out sheet. To ensure future compliance the administrator will keep a current copy on file and a copy in an area accessible to the public. The administrator will conduct a monthly check every first day of the month to ensure the inspection summary is in good condition for all to view effective 10/1/2024.

Please include the date the copy was posted in the lobby by the Administrator.

- The administrator posted the copy on [REDACTED] in the lobby after contacting Chief [REDACTED] with The City of York Fire Department.

Licensee's Proposed Overall Completion Date: 10/06/2024

Implemented ([REDACTED] - 12/24/2024)

132d Evacuation

15. Requirements

2600.

132.d. Residents shall be able to evacuate the entire building to a public thoroughfare, or to a fire safe area designated in writing within the past year by a fire safety expert within the period of time specified in writing within the past year by a fire safety expert. For purposes of this subsection, the fire safety expert may not be a staff person of the home.

Description of Violation

The home does not have a maximum safe evacuation time specified in writing within the past year by a fire safety expert. The home exceeded an evacuation time of 2 minutes 30 seconds during the [REDACTED] drill held at 2:30 PM, during which the evacuation time was 3 minutes and 45 seconds.

Repeated Violation - 5/6/2024

Plan of Correction

Directed [REDACTED] 10/07/2024)

On [REDACTED] the inspectors educated the administrator on the home having a maximum safe evacuation time. The administrator immediately reached out to the fire expert that assisted with our fire drill and inquired about the maximum safe evacuation time and it was received in writing. To ensure future compliance the letter from the fire-safety expert will be kept with the fire drill log to ensure that is the exit goal time with each fire drill, effective [REDACTED].

Please include the date the Administrator contacted the fire expert.

132d Evacuation (continued)

The administrator contacted Asst. Chief Collins with The City of York Fire department on [REDACTED]

Please clarify what was received in writing from the fire expert did the home receive a fire safe evacuation time more than 2 minutes 30 seconds?

No, Prodigy Spectrum will follow The State of Pennsylvania time allowed of 2 minutes and 30 seconds for all fire drill evacuations time. Please see attached reported received from Asst Chief [REDACTED] who conducted Prodigy Spectrum fire drill.

All staff will need to receive education on the expectations for fire drills and how to provide assistance as needed to ensure safe evacuation within the required timeline include the date this will be completed as well as the staff member's title responsible for providing the training.

On [REDACTED] the administrator repeated education of the expectations for fire drills and how to provide assistance as needed to ensure safe evacuation within the required timeline of 2 minutes and 30 seconds.

A process will need to be implemented to review the evacuation time after each drill to ensure all residents were safely evacuated within the time specified. Include the start date for this process and the staff member's title responsible. Please also include what will occur if a drill exceeds the maximum evacuation time.

The process that will occur to review the evacuation time after each drill is of the following...

...The administrator will conduct a staff meeting not exceeding 24 hours of the drill day on what was done correctly or incorrectly after each drill with all staff members to ensure compliance. Residents if needed, will also be educated on any improvements that may be needed.

...Implement strategies if needed that will help ensure that the evaluation time is being met. Examples (increase the number of fire drills monthly to assure each resident and staff member is evaluating the facility in a safe and timely manner.)

...The administrator will provide individual personal counseling with any individuals that may require more education and come up with a solution that can assist in ensuring a successful evaluation. (Please see attachment document on educating a resident and coming up with a solution for future improvement.)

(Directed)

In addition to the above plan of correction, starting no later than [REDACTED], the administrator or designee will audit each monthly fire drill within 24 hours after the drill has occurred to ensure residents evacuated within 2 minutes 30 seconds. If residents did not evacuate within the required time, then the process to review the evacuation time as mentioned above will be completed.

Directed Completion Date: 10/15/2024

Implemented [REDACTED] - 12/24/2024)

141a - Medical Evaluation

16. Requirements

2600.

141.a. A resident shall have a medical evaluation by a physician, physician's assistant or certified registered nurse practitioner documented on a form specified by the Department, within 60 days prior to admission or within 30 days after admission.

141a Medical Evaluation (continued)

Description of Violation

On [REDACTED], Resident [REDACTED], admitted on [REDACTED], did not have a medical evaluation completed.

On [REDACTED], Resident [REDACTED], admitted on [REDACTED] did not have a medical evaluation completed.

Plan of Correction

Accept [REDACTED] - 10/07/2024)

On [REDACTED] the inspectors educated the administrator about the medical evaluations for the residents. The administrator immediately reached out to the residents' primary care physician to have their medical evaluations sent over. To ensure compliance moving forward the medical evaluation must be a part of the resident's preadmission screening. The administrator or admin assistant will be responsible for ensuring the medical evaluation is received prior to resident admission, effective [REDACTED].

Please include the dates Resident [REDACTED] and Resident [REDACTED] had medical evaluations completed.

Resident [REDACTED] and Resident [REDACTED] had their medical evaluations completed on [REDACTED] by their primary physician with the Department of Veterans Affairs.

Please complete an audit of all other resident records in the home to ensure they have a medical evaluation completed. Include the date this will be completed as well as the staff member's title responsible.

On [REDACTED] the administrator completed an audit of all current resident's records to ensure all pertinent information including the medical evaluations was available in the resident records.

How will the Administrator or assistant ensure a medical evaluation is completed upon admission?

The administrator will do an additional check over all initial admission paperwork including the medical evaluation for completion and accuracy to ensure compliance. The assistant administrator will do an additional weekly check of all residents' files to ensure compliance.

Licensee's Proposed Overall Completion Date: 10/06/2024

Implemented [REDACTED] - 12/24/2024)

162c - Menus Posted

17. Requirements

2600.

162.c. Menus, stating the specific food being served at each meal, shall be prepared for 1 week in advance and shall be followed. Weekly menus shall be posted 1 week in advance in a conspicuous and public place in the home.

Description of Violation

On [REDACTED], the home's menu for the week of [REDACTED] was posted. However, the home did not have a menu posted one week in advance.

162c - Menus Posted (continued)

**Plan of Correction**

Accept [REDACTED] - 10/07/2024)

On [REDACTED] the inspectors educated the administrator on the home's menu needing to be posted one week in advance. The administrator immediately created a menu that displayed the resident's specific food that is being served at each meal for the entire month. To ensure compliance moving forward administrator will be responsible for creating and posting a monthly menu that will be posted the first day of each month. The menu will be posted on the displayed board located in both common areas accessible to public, effective [REDACTED].

Please include the date the menu for one week in advance was posted.

- The one week in advance menu was posted on [REDACTED] in a monthly format. A monthly menu for the entire month will be posted in the coming future on every 1st day of each month. (Please see attachment)

What process is being implemented to ensure menus are posted per 2600.162(c)-please include the start date and the staff member's title responsible.

Every 1st day of each month the assistant administrator posts a monthly calendar containing appointment information and activities in each common area and distributes one to each resident. A monthly menu will be posted in addition to this current procedure beginning 10/01/2024.

Licensee's Proposed Overall Completion Date: 10/06/2024

Implemented [REDACTED] 12/24/2024)

171b5 - First Aid Kit

**18. Requirements**

2600.

171.b. The following requirements apply whenever staff persons or volunteers of the home provide transportation for the resident:

5. The vehicle must have a first aid kit with the contents as specified in § 2600.96 (relating to first aid kit).

**Description of Violation**

On [REDACTED] at 3:45 PM, the first aid kit in the Administrator's vehicle used to transport residents did not include eye coverings, thermometer, scissors or breathing shield.

**Plan of Correction**

Accept ([REDACTED] 10/07/2024)

On [REDACTED] the inspectors educated the administrator on contents that need to be included in the first aid kits used to transport residents. The administrator immediately purchased brand new first aid kits on [REDACTED] that includes eye coverings, thermometers, and scissors. The new kits will be placed in all vehicles that transports residents. To ensure compliance the administrator assistance will add checking the transportation first aid kits in combinations to the facility's first aid kit that is monitored and checked the first day of each month. The current first aid kit's log will also be used in the monthly checks to ensure any missing items will be replaced, effective 10/1/24.

Please include the date all new kits were placed in all vehicles and the staff member's title responsible.

171b5 First Aid Kit (continued)

On 09/17/2024 the assistant administrator placed the new kits in each vehicle.

Licensee's Proposed Overall Completion Date: 10/06/2024

Implemented ( - 12/24/2024)

183b - Meds and Syringes Locked

19. Requirements

2600.

183.b. Prescription medications, OTC medications, CAM and syringes shall be kept in an area or container that is locked. This includes medications and syringes kept in the resident's room.

Description of Violation

On Resident prescribed was unlocked and accessible in Resident bedroom. Resident cannot self administer medications per the resident's medical evaluation, dated 5/13/2024.

Plan of Correction

Accept - 10/07/2024)

On the inspector educated the administrator on the cream being in a resident's room. On the prescribed was removed from the resident's room. To ensure future compliance any medication will be kept and locked in the med cart. The administrator and administrator's assistant will ensure all medication on medical evaluation are turned in upon admission, effective 10/1/24.

Please complete an initial audit in all resident bedrooms to ensure medications are kept in an area or container that is locked. Include the date this will be completed as well as the staff member's title responsible.

On an initial audit was performed by the administrator and assistant administrator of all resident's bedrooms. to ensure any medications were removed from the room and placed in a locked medication cart.

Please provide education to all residents and staff on 2600.183(b). Include the date this will be completed as well as the staff member's title responsible.

On while performing residents room audits, the administrator educated each resident independently about medication proper storage weather there was medication found inside their rooms or not. Staff was re educated on in conjunctions with orientation.

What process is being implemented to ensure medications remain in a locked area?

To ensure compliance the assistant administrator will check for medication compliance during the resident's weekly room cleaning and document that the task has when performed on the room cleaning log document. The administrator will audit this documentation every 1st day of each month.

Please include the start date and the staff member's title responsible.

The assistant administrator start date is 10/01/2024.

183b - Meds and Syringes Locked (continued)

Licensee's Proposed Overall Completion Date: 10/06/2024

Implemented [redacted] - 12/24/2024)

183e - Storing Medications

20. 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

On [redacted] at 3:02 PM, the [redacted] for Resident [redacted] was not dated when opened, per manufacturer's instructions, to ensure that it was not used beyond the expiration date.

Plan of Correction

Accept [redacted] - 10/02/2024)

On [redacted] the inspectors educated the administrator on storing medication. The administrator on [redacted] immediately removed the resident's [redacted] and discarded it. The administrator educated all staff on [redacted] on the manufacturer instructions on the use of insulin pen proper storage. To ensure future compliance, all staff members will record on the original medication package the date when it was opened, the resident's name, and the staff member 's name that opened the medication. The administrator will check daily during medication rounds to ensure compliance, effective 10/1/2024.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [redacted] - 12/24/2024)

184a - Resident's Meds Labeled

21. Requirements

2600.

184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

On [redacted] at 3:02 PM, the [redacted] for Resident [redacted] was not labeled with the resident's name.

Plan of Correction

Accept [redacted] - 10/02/2024)

On [redacted] the inspectors educated the administrator on storing medication. The administrator on [redacted] immediately removed the resident's [redacted] and discarded it. The administrator educated all staff on [redacted] on the manufacturer instructions on the use of insulin pen proper storage. To ensure future compliance, all staff members will record on the original medication package the date when it was opened, the resident's name, and the staff member 's name that opened the medication. The administrator will check daily during medication rounds to ensure compliance, effective 10/1/2024.

Licensee's Proposed Overall Completion Date: 10/01/2024

Implemented [redacted] 12/24/2024)

187d - Follow Prescriber's Orders

22. Requirements

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

2600.

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

**Description of Violation**

Resident [REDACTED] has prescriber's orders for [REDACTED] – apply 2 patches on the skin once every day for pain. This medication was not available in the home on [REDACTED]. Resident [REDACTED] did not receive this medication as ordered from [REDACTED] per the September 2024 Medication Administration Record and the home's Administrator.

**Plan of Correction**

Accept [REDACTED] 10/07/2024)

On [REDACTED] the inspectors educated the administrator on following prescriber's orders. The administrator on [REDACTED] did an overview with all medication administration staff on following prescriber's orders and proper documentation in MAR. To ensure compliance Prodigy Spectrum has contracted with ND consulting, a delegating Register Nurse that provides the following services: 1. Review with the Director, the Health Care Practitioner form of all potential residents for accuracy, level of completion, and ability to care for the residents safely.

2. Within 14 days of a new resident's admission assist or complete all residents RASP, assess the resident, review the resident's current medical profile, including all prescription and nonprescription medications, and make appropriate recommendations to the Administrator. Also assess the medication assistant's ability to administer medications to that resident, or the resident ability to self-administer medications.

3. Assist or complete resident's 30-day support plan, resident reassessments at least every 90 days, including reviews of the medications of all residents who are capable of self-administering, or who self-administer with reminders, supervision, or physical assistance to determine their continued ability to self-medicate.

4. Perform on-site reviews every 45 days for all residents who require that medications be administered by non-licensed personnel. This review shall include reviews of the Physician's Order Sheet, the Medication Administration Record, an assessment of the resident, and the non-licensed person's continued ability to administer medications.

5. Be available to the Administrator to answer questions concerning the resident's medical issues and/or medication issues.

6. Teach and or assist with the Medication Administration Course and the Review. The administrator will conduct an inspection of all resident's MAR every Monday of each week to ensure compliance, effective 10/01/2024.

What date did the home contract with ND Consulting?

- The contract was signed by the administrator on [REDACTED] but the service will not start until 11/1/2024.

What is their anticipated start date to come into the home?

- The service is anticipated to begin on 11/01/2024 in combination of the anticipation of expansion of an additional facility.

187d Follow Prescriber's Orders (continued)

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented ( ) - 12/24/2024)

190a - Completion Medication Course

23. Requirements

2600.

190.a. A staff person who has successfully completed a Department-approved medications administration course that includes the passing of the Department's performance-based competency test within the past 2 years may administer oral; topical; eye, nose and ear drop prescription medications and epinephrine injections for insect bites or other allergies.

Description of Violation

Staff Member B has a Medication Administration Standard Course Certificate of Completion; however, Staff Member B did not complete MAR reviews and medication administration observations. Staff Member B administered medications to Resident [redacted] on [redacted], and [redacted] at 9:00AM.

Plan of Correction

Accept ( ) - 10/07/2024)

On [redacted] 4 the inspectors educated the administrator on completion of medication course. The administrator on [redacted] placed all medication administration standard course certificate of completion in each employee's file that completed the course in entirety including MAR review and medication. Staff Member B's MAR reviews and medication administration observations were completed [redacted] To ensure compliance the administrator will conduct a quarterly mock inspection of each employee's files, effective 10/1/2024.

Did Staff Member B complete the required MAR reviews and medication administration observations? If so, please indicate the date these were completed.

Yes, Staff Member B did complete the required MAR reviews and medication administration on [redacted] (Please see attachment)

Licensee's Proposed Overall Completion Date: 10/02/2024

Implemented ( ) - 12/24/2024)

225a - Assessment 15 Days

24. Requirements

2600.

225.a. A resident shall have a written initial assessment that is documented on the Department's assessment form within 15 days of admission. The administrator or designee, or a human service agency may complete the initial assessment.

Description of Violation

As of [redacted], a written initial assessment has not been completed for the following residents:

- Resident [redacted] admitted to the home on [redacted]
- Resident [redacted] admitted to the home on [redacted]
- Resident [redacted] admitted to the home on [redacted]
- Resident [redacted] admitted to the home on [redacted]

## 225a Assessment 15 Days (continued)

**Plan of Correction**

Accept [REDACTED] - 10/07/2024)

On [REDACTED] the inspector educated the administrator on the 15 day assessment for residents. The administrator immediately completed all resident's assessment plans, and they were placed in each resident's folder. To ensure compliance Prodigy Spectrum has contracted with ND consulting, a delegating Register Nurse that provides the following services:

1. Review with the Director, the Health Care Practitioner form of all potential residents for accuracy, level of completion, and ability to care for the residents safely.
2. Within 14 days of a new resident's admission assist or complete all residents RASP, assess the resident, review the resident's current medical profile, including all prescription and nonprescription medications, and make appropriate recommendations to the Administrator. Also assess the medication assistant's ability to administer medications to that resident, or the resident ability to self administer medications.
3. Assist or complete resident's 30 day support plan, resident reassessments at least every 90 days, including reviews of the medications of all residents who are capable of self administering, or who self administer with reminders, supervision, or physical assistance to determine their continued ability to self medicate.
4. Perform on site reviews every 45 days for all residents who require that medications be administered by non licensed personnel. This review shall include reviews of the Physician's Order Sheet, the Medication Administration Record, an assessment of the resident, and the non licensed person's continued ability to administer medications.
5. Be available to the Administrator to answer questions concerning the resident's medical issues and/or medication issues.
6. Teach and or assist with the Medication Administration Course and the Review.

The administrator will oversee every resident's admission to ensure compliance, effective 10/01/2024.

Please include the dates the resident assessment and support plans were completed.

All resident's assessment and support plans were completed on [REDACTED] by the administrator.

An audit will need to be completed for all other residents to ensure they have been completed per regulatory guidelines. Please include the date this will be completed as well as the staff member's title responsible.

On [REDACTED] the administrator completed an audit of all current resident's records to ensure all pertinent information including the 15 day assessment was completed and available in the resident records.

Please clarify how the administrator will oversee admissions to ensure compliance.

The administrator will do an additional check over all initial admission paperwork including the 15 day assessment for completion and accuracy to ensure compliance. The assistant administrator will do an additional weekly check of all residents' files to ensure compliance.

What date did the home contract with ND Consulting?

225a Assessment 15 Days (continued)

The contract was signed by the administrator on [REDACTED] but the service will not start until 11/1/2024.

What is their anticipated start date to come into the home?

The service is anticipated to begin on [REDACTED] in combination of the anticipation of expansion of an additional facility.

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented [REDACTED] 12/24/2024)

227a - Support Plan 30 Days

25. Requirements

2600.

227.a. A resident requiring personal care services shall have a written support plan developed and implemented within 30 days of admission to the home. The support plan shall be documented on the Department's support plan form.

Description of Violation

As of [REDACTED], a written support plan has not developed or implemented for the following residents:

- Resident [REDACTED] admitted to the home on [REDACTED]
- Resident [REDACTED] admitted to the home on [REDACTED]
- Resident [REDACTED] admitted to the home on [REDACTED]

Plan of Correction

Accept [REDACTED] - 10/07/2024)

On [REDACTED] the inspector educated the administrator on the 30 day support plan for residents. The administrator immediately completed all resident's support plans, and they were placed in each resident's folder. To ensure compliance Prodigy Spectrum has contracted with ND consulting, a delegating Register Nurse that provides the following services:

1. Review with the Director, the Health Care Practitioner form of all potential residents for accuracy, level of completion, and ability to care for the residents safely.
2. Within 14 days of a new resident's admission assist or complete all residents RASP, assess the resident, review the resident's current medical profile, including all prescription and nonprescription medications, and make appropriate recommendations to the Administrator. Also assess the medication assistant's ability to administer medications to that resident, or the resident ability to self administer medications.
3. Assist or complete resident's 30 day support plan, resident reassessments at least every 90 days, including reviews of the medications of all residents who are capable of self administering, or who self administer with reminders, supervision, or physical assistance to determine their continued ability to self medicate.
4. Perform on site reviews every 45 days for all residents who require that medications be administered by non licensed personnel. This review shall include reviews of the Physician's Order Sheet, the Medication Administration Record, an assessment of the resident, and the non licensed person's continued ability to administer medications.
5. Be available to the Administrator to answer questions concerning the resident's

227a - Support Plan 30 Days (continued)

medical issues and/or medication issues.

6. Teach and or assist with the Medication Administration Course and the Review.

The administrator will oversee every resident's admission to ensure compliance, effective [REDACTED].

Please include the dates the resident assessment and support plans were completed.

- All resident's assessment and support plans were completed on [REDACTED] by the administrator.

An audit will need to be completed for all other residents to ensure they have been completed per regulatory guidelines. Please include the date this will be completed as well as the staff member's title responsible.

Please clarify how the administrator will oversee admissions to ensure compliance.

- An audit was completed by the administrator on [REDACTED] of all resident's file by the administrator. The administrator will do an additional check over all initial admission and there after paperwork including the 30-day support plan for completion and accuracy to ensure compliance. The assistant administrator will do an additional weekly check of all residents' files to ensure compliance.

What date did the home contract with ND Consulting?

- The contract was signed by the administrator on [REDACTED], but the service will not start until 11/1/2024.

What is their anticipated start date to come into the home?

- The service is anticipated to begin on [REDACTED] in combination of the anticipation of expansion of an additional facility.

Licensee's Proposed Overall Completion Date: 11/01/2024

Implemented [REDACTED] - 12/24/2024)

252 - Record Content

26. Requirements

2600.

252. Content of Resident Records - Each resident's record must include the following information:

2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

16. The resident's medical insurance information.

Description of Violation

Resident [REDACTED] record does not include resident's religion, identifying marks, hair color, nor medical insurance information.

Resident [REDACTED] record does not include resident's religion, identifying marks, nor hair color.

Resident [REDACTED] record does not include resident's religion, identifying marks, hair color, nor medical insurance information.

252 - Record Content (continued)

Resident [REDACTED]'s record does not include resident's religion, identifying marks, nor hair color.

**Plan of Correction**

**Accept [REDACTED] - 10/07/2024)**

On [REDACTED] the inspectors educated the administrator on what is needed in the content of resident records. On [REDACTED] the administrator educated the admin assistant on the missing information. The admin assistant created a form that asks the residents race, height, weight, hair color, eye color, religious affiliation, identifying marks, and for the resident's medical insurance information on [REDACTED]. To ensure future compliance this form will be added to the resident's preadmission screening documents. Prior to admission the administrator or admin assistant will verify that this form has been completed and turned in with the rest of the preadmission documents, effective 10/1/24.

Please include the date the form was created for resident information.

- The form was created for the residents on [REDACTED] (Please see attachment)

Please include the date Resident [REDACTED] and [REDACTED] records were updated and the staff member's title responsible.

- The assistant administrator updated all residents' records on [REDACTED]

Please complete an audit of all other resident records to ensure they have content as required in 2600.252-include the date this will be completed as well as the staff member's title responsible

- An audit was completed by the administrator on [REDACTED] of all resident's records.

Licensee's Proposed Overall Completion Date: 10/06/2024

**Implemented [REDACTED] - 12/24/2024)**