

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 11/19/2024 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: 7 Waking Staff: 5

**Inspection Information**

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Interim* Exit Conference Date: 11/19/2024

**Inspection Dates and Department Representative**

11/19/2024 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 11 Residents Served: 7  
 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: 7  
 Diagnosed with Mental Illness: 1 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

11/19/2024 Partial  
 Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 12/14/2024

12/13/2024 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 12/20/2024  
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: 12/18/2024

Inspections / Reviews *(continued)*

12/17/2024 POC Submission

Submitted By: [REDACTED]

Date Submitted: 12/20/2024

Reviewer: [REDACTED]

Follow Up Type: Document Submission Follow Up Date: 12/23/2024

12/24/2024 Document Submission

Submitted By: [REDACTED]

Date Submitted: 12/20/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

89b Hot Water Temperature

1. Requirements

2600.

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

Description of Violation

On [REDACTED] at 10:20AM, the hot water temperature in the second floor communal bathroom sink measured 129 degrees Fahrenheit.

Plan of Correction

Accept [REDACTED] - 12/12/2024)

On [REDACTED] 4, the inspector educated the administrator about turning on the shower while checking the water temperature in the sink can sometimes alter the temperature. On [REDACTED], the administrator turned the water temperature down. On [REDACTED], the administrative assistant created a water temperature log to track the water temperature and ensure it stays at an appropriate temperature. Effective [REDACTED] to ensure future compliance, the water temperature will be checked and recorded the 1st day of each month by the administrative assistant or personal care aide in a different area where residents use water.

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented [REDACTED] - 12/24/2024)

132d Evacuation

2. 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 exceeded an evacuation time of 2 minutes 30 seconds during the [REDACTED] drill held at 11:10PM, during which the evacuation time was 3 minutes and 6 seconds.

Repeated Violation - [REDACTED]

Plan of Correction

Accept [REDACTED] - 12/13/2024)

On [REDACTED] the inspectors educated the administrator on the evacuation time violation being a repeated violation even if time is met in new drills. Prodigy Spectrum will continue to follow The State of Pennsylvania time allowed of 2 minutes and 30 seconds for all fire drill evacuations time. All staff members upon hire receive education on the expectations for fire drills and how to provide assistance as needed to ensure safe evacuation within the required timeline. [REDACTED], a process was implemented to review the evacuation time after each drill to ensure all residents were safely evacuated within the time specified. The process is as follows; 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. 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. In addition, 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. Due to the exceeded time in the previous fire drill Prodigy Spectrum will do multiple fire drills a month whether the time is

132d Evacuation (continued)

met or not, the administrator will be responsible for scheduling and conducting the drills, effective [REDACTED].

Licensee's Proposed Overall Completion Date: 12/09/2024

Implemented [REDACTED] - 12/24/2024)

141a 1-10 Medical Evaluation Information

3. 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. The evaluation must include the following:
  1. A general physical examination by a physician, physician’s assistant or nurse practitioner.
  2. Medical diagnosis including physical or mental disabilities of the resident, if any.
  3. Medical information pertinent to diagnosis and treatment in case of an emergency.
  4. Special health or dietary needs of the resident.
  5. Allergies.
  6. Immunization history.
  7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
  8. Body positioning and movement stimulation for residents, if appropriate.
  9. Health status.
  10. Mobility assessment, updated annually or at the Department’s request.

Description of Violation

Resident [REDACTED] initial medical evaluation, dated [REDACTED] did not include the ability to self administer medications.

Plan of Correction

Accept [REDACTED] - 12/17/2024)

On [REDACTED] the inspector educated the administrator and administrative assistant on the DME contents to review. On [REDACTED] an appointment was immediately scheduled for this resident to have an updated DME to include the ability to self administer medications (Appt is [REDACTED] and a call was placed to his provider that completed the first DME, a message was left for the provider. Effective [REDACTED] to ensure future compliance, the administrative assisted created a new admission check off list. The check off list will be completed for each incoming resident prior to admission by administrator or administrative assistant. Upon completing the check off list the DME, Preadmission Screening, and all other forms will be looked over thoroughly to ensure full completion of all forms. [REDACTED] a DME audit form was created by the admin assistant to ensure all portions of DME have been completed. In addition, the admin assistant completed an audit on all current residents DMEs. Effective [REDACTED] this DME audit form will be completed with the preadmission upon receiving the DME and must be completed in its entirety prior to acceptance. The administrator or admin assistant will be responsible for completing the DME audit form in the preadmission process.

Licensee's Proposed Overall Completion Date: 12/16/2024

Implemented [REDACTED] - 12/24/2024)

183b - Meds and Syringes Locked

4. Requirements

183b - Meds and Syringes Locked (continued)

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 [redacted] at 10:15AM, [redacted] with [redacted], [redacted], and over-the-counter [redacted] were unlocked and accessible in Resident [redacted] bedroom. Resident [redacted] cannot self-administer these medications per the resident's medical evaluation, dated [redacted]

Plan of Correction

Accept [redacted] - 12/13/2024)

On [redacted], the inspector educated about medications in the room and how they should be stored. [redacted], the [redacted] with [redacted] [redacted] with [redacted], and over-the-counter [redacted] tablets were removed from Resident [redacted] bedroom. [redacted], a meeting was held with all residents regarding keeping medication in their rooms and proper storage. On [redacted] a call was placed to resident [redacted] provider to discuss the self-administer medications. Effective [redacted] a daily medication check will be performed by the administrative assistant or personal care aide in each room to ensure residents are storing their medications properly, if they are not storing their medication properly an incident report will be completed to document the occurrence and conversation held at that time.

Licensee's Proposed Overall Completion Date: 12/05/2024

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

183d - Prescription Current

5. Requirements

2600.

183.d. Only current prescription, OTC, sample and CAM for individuals living in the home may be kept in the home.

Description of Violation

On [redacted] at 3:12 PM, [redacted] tablets, prescribed for Resident [redacted], were in the home's medication cart; however, the medication was discontinued prior to November 2024.

Plan of Correction

Accept [redacted] 12/13/2024)

On [redacted], the inspector educated the administrative assistant on contents of medication cart. On [redacted], the [redacted] was removed from Resident [redacted]'s medication bin. Effective [redacted] to ensure future compliance, there will be a weekly audit to the medication cart and resident MARs until there are no ongoing discrepancies. Once there are no ongoing discrepancies the audits will reduce to monthly. The administrator or administrative assistant will be responsible for conducting the audits.

Licensee's Proposed Overall Completion Date: 12/05/2024

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

184b - Labeling OTC/CAM

6. Requirements

2600.

184b - Labeling OTC/CAM (continued)

184.b. If the OTC medications and CAM belong to the resident, they shall be identified with the resident's name.

**Description of Violation**

On [REDACTED], a package of [REDACTED] belonging to resident [REDACTED] was in the medication cart and was not labeled with the resident's name.

**Plan of Correction**

Accept ([REDACTED] - 12/13/2024)

On [REDACTED] the inspector educated the administrative assistant on contents of medication cart. On [REDACTED], the [REDACTED] was labeled with resident name but later removed from Resident [REDACTED] medication bin due to a new written order from Resident [REDACTED] provider. Effective [REDACTED] to ensure future compliance, there will be a weekly audit to the medication cart and resident MARs until there are no ongoing discrepancies. Once there are no ongoing discrepancies the audits will reduce to monthly. The administrator or administrative assistant will be responsible for conducting the audits.

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented [REDACTED] 12/24/2024)

186a - Authorized Prescriber

7. Requirements

2600.

186.a. Each prescription medication must be prescribed in writing by an authorized prescriber. Prescription orders shall be kept current.

**Description of Violation**

On [REDACTED] at 3:20 PM, [REDACTED] capsule prescribed for Resident [REDACTED] was observed in the home's medication cart. There is no current physician's order for the medication.

**Plan of Correction**

Accept [REDACTED] - 12/13/2024)

On [REDACTED] the inspector educated the administrative assistant on contents of medication cart. Effective [REDACTED] to ensure future compliance, there will be a weekly audit to the medication cart and resident MARs until there are no ongoing discrepancies. Once there are no ongoing discrepancies the audits will reduce to monthly. The administrator or administrative assistant will be responsible for conducting the audits. On [REDACTED] the administrative assistant reached out to Resident [REDACTED] provider to get a current list of resident's active prescription list.

Licensee's Proposed Overall Completion Date: 12/05/2024

Implemented [REDACTED] - 12/24/2024)

225a - Assessment 15 Days

8. 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**

Resident [REDACTED] initial and most current assessment, signed by Administrator on [REDACTED] indicates the resident's mobility as "Minimal". However, Resident [REDACTED] medical evaluation, dated [REDACTED], indicates the resident's mobility needs are "moderate".

225a - Assessment 15 Days (continued)

Plan of Correction

Accept [redacted] - 12/17/2024)

On [redacted], the inspector educated the administrator and admin assistant on the resident mobility section of the assessment matching the assessment from residents medical evaluation. The administrator immediately reviewed this section of the assessment and made note. This resident is no longer a resident here, resident's discharge date is [redacted]. To ensure future compliance, the administrator or admin assistant will ensure that residents mobility in our assessment matches the residents mobility section of the medical evaluation, effective [redacted]. [redacted] the admin assistant created DME and RASP audit forms. The audits on the DMEs for all current residents were completed by the admin assistant [redacted]. The admin assistant completed RASP audits on [redacted] for all current residents to ensure consistency. The administrative staff will ensure mobility and all other information in the assessment is completed with consistency by using the RASP audit sheet and residents DME when completing the RASP effective [redacted]. The RASP audit sheet prompts exactly where the residents DME should be referenced for consistency between the two documents. The administrative staff is responsible for completing RASPs by utilizing the new form and the DME.

Licensee's Proposed Overall Completion Date: 12/16/2024

Implemented [redacted] - 12/24/2024)

227g -Support Plan Signatures

9. Requirements

2600.

227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident [redacted] participated in the development of the support plan on [redacted]. The resident did not sign the support plan, nor did the home make a notation regarding the resident's inability or refusal to sign.

Plan of Correction

Accept [redacted] - 12/17/2024)

On [redacted] the inspector educated the administrator and admin assistant on the signature page of the resident support plan. The administrator immediately reviewed the support plan and marked off declined to participate. To ensure future compliance, effective [redacted] when completing support plans residents will be asked to participate, if they decline it will be marked immediately. If they wish to participate, we will complete form immediately and complete signature page upon completion. The administrator or administrative assistant will be responsible for ensuring compliance moving forward by using the new RASP audit form to ensure RASPs are fully completed. [redacted] the admin assistant completed an audit on all current residents' support plans to ensure all sections have been completed including proper signatures or notations.

Licensee's Proposed Overall Completion Date: 12/16/2024

Implemented [redacted] - 12/24/2024)