

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

October 10, 2025

[REDACTED], ADMINISTRATOR  
PRODIGY SPECTRUM MANAGEMENT PLUS  
[REDACTED]

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

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 08/14/2025 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: *PRODIGY SPECTRUM MANAGEMENT PLUS* License #: 33969 License Expiration: 05/20/2026  
 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: 9 Waking Staff: 7

**Inspection Information**

Type: Full Notice: Unannounced BHA Docket #: 0  
 Reason: Renewal Exit Conference Date: 08/14/2025

**Inspection Dates and Department Representative**

08/14/2025 - On-Site: [REDACTED]

**Resident Demographic Data as of Inspection Dates**

General Information  
 License Capacity: 11 Residents Served: 9  
 Secured Dementia Care Unit  
 In Home: No Area: Capacity: Residents Served:  
 Hospice  
 Current Residents: 0  
 Number of Residents Who:  
 Receive Supplemental Security Income: 1 Are 60 Years of Age or Older: 8  
 Diagnosed with Mental Illness: 0 Diagnosed with Intellectual Disability: 0  
 Have Mobility Need: 0 Have Physical Disability: 0

**Inspections / Reviews**

08/14/2025 - Full  
 Lead Inspector: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/08/2025

09/09/2025 - POC Submission  
 Submitted By: [REDACTED] Date Submitted: 10/10/2025  
 Reviewer: [REDACTED] Follow-Up Type: POC Submission Follow-Up Date: 09/16/2025

Inspections / Reviews *(continued)*

09/16/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 10/10/2025

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 10/06/2025

10/10/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 10/10/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

42d - Home Rules

1. Requirements

2600.

42.d. A resident shall be informed of the rules of the home and given 30 days' written notice prior to the effective date of a new home rule.

Description of Violation

*The home rule for leave of absence and signing out states, "ALL facilities' door alarms will be set at 9:30 p.m. daily. There will be no entry or exit after the alarms are set until the next morning at 7:30 a.m." This is a direct conflict with the resident's right to leave and return to the home.*

Plan of Correction

Accept (█) - 09/09/2025

*On August 15, 2025 The Administrator was educated by █ ( Human Services Licensing Supervisor) on PA code 2600.42 set by the State of Pennsylvania on a resident has the right to leave and return to the home at times consistent with the home rules and resident's support plan. On 8/15/25 the Administrator immediately created a change in the current home's rules to reflect this code. The Administrator posted a 30 day notice of the new home rules change on all the public boards located in all the common areas in the facility. Effective 9/15/25, the home may not deny access to a resident who returns to the home at any hour. If any resident who leaves or returns outside of the home's current hours they are permitted to without approved permission will be considered in violation. A resident's that receives their 1st violations will receive a documented counsel meeting with the Administrator. Any violation after the documented counsel meeting will be considered a repeated violation and the resident will be discharged from the facility. To ensure compliance, the Administrator met with all Prodigy Spectrum's staff members on 8/15/25 to educate them on the new home rules change. The Administrator Assistant will check with staff and residents on the 1st of every month for the next six months to make sure these new home rules are being implemented and the home is maintaining compliance.*

Licensee's Proposed Overall Completion Date: 09/06/2025

Implemented (█) - 10/10/2025

89b - Hot Water Temperature

2. Requirements

2600.

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

Description of Violation

*On 8/14/25, at 9:18 AM, the hot water temperature in the first-floor communal bathroom measured 125.6 degrees Fahrenheit, and at 9:30 AM, the hot water temperature in the second-floor communal bathroom measured 132.8 degrees Fahrenheit.*

Repeated Violation - 11/19/24 and 9/12/24

Plan of Correction

Accept (█) - 09/09/2025

*On 8/14/25 the inspector educator the Administrator on the requirements set by the State of Pennsylvania section 2600.89 (b) specifically states that the maximum hot water temperature in areas accessible to residents cannot exceed 120F. The Administrator immediately turned the hot water down and called in a service call to a maintenance worker who arrived on 8/15/25. The maintenance worker turned the hot water tank temperature down more and cleared the system of any issues. The water temperature is set at 98.1. To ensure future compliance moving forward the Administrator will do a maintenance check every 15th day and the Administrator Assistant will do a maintenance check every 1st day of the month, effective 8/15/25.*

89b - Hot Water Temperature *(continued)*

Licensee's Proposed Overall Completion Date: 09/08/2025

Implemented (█) - 10/10/2025

132b - Safety Inspection/Fire Drill

3. Requirements

2600.

132.b. A fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. Documentation of this fire drill and fire safety inspection shall be kept.

Description of Violation

*The last fire safety inspection and observed by a fire safety expert was conducted on 6/12/25. The prior safety inspection and observed drill was conducted on 5/8/24.*

Plan of Correction

Accept (█) - 09/09/2025

*On 8/14/25 the Administrator was educated by the instructor on the requirements set by the State of Pennsylvania section 2600.132(b) a fire safety inspection and fire drill conducted by a fire safety expert shall be completed annually. On 6/12/25 a passed fire inspection was conducted by Asst. Chief █ of the City of York Department of Fire/Rescue . The Administrator made this request on May 8, 2025 before our annual fire drill was due. The City of York was not able to schedule the drill until 6/12/25 due to the former Assistant Chief's retirement. The fire department was scheduling out until their current Chief was hired. To ensure future compliance moving forward the Administrator will request an annual fire drill 90 days in advance to ensure it's complete within the annual time frame. The Administrator will also do a fire drill log every 15th day and the Administrator Assistant will do a fire drill log every 1st day of the month, effective 8/14/25.*

Licensee's Proposed Overall Completion Date: 09/08/2025

Implemented (█) - 10/10/2025

132e - Fire Drill Sleeping Hours

4. Requirements

2600.

132.e. A fire drill shall be held during sleeping hours once every 6 months.

Description of Violation

*The last fire drill conducted during sleeping hours was on 9/29/24 at 11:10 PM.*

Plan of Correction

Accept (█) - 09/09/2025

*On 8/14/25 the inspector educated the Administrator on the requirements set by the State of Pennsylvania section 2600.132 (e) a fire drill shall be held during sleeping hours every 6 months. On 8/14/25 and 9/7/25 (conducted in bad weather) the Administrator conducted fire drills during sleep hours. To ensure future compliance moving forward the Administrator will do a fire drill log check every 15th day and the Administrator Assistant will do a fire drill log check every 1st day of the month, effective 8/14/25.*

Licensee's Proposed Overall Completion Date: 09/08/2025

Implemented (█) - 10/10/2025

141a 1-10 Medical Evaluation Information

5. Requirements

141a 1-10 Medical Evaluation Information (continued)

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 #1's initial medical evaluation, dated [REDACTED], does not include the resident's weight, pulse rate, blood pressure and temperature.

**Plan of Correction**

**Directed ( [REDACTED] - 09/16/2025)**

On 8/14/25 the inspector educated the Administrator on the requirements set by the State of Pennsylvania section 2600.141 a resident shall have a medical evaluation complete within 60 days prior to admission or within 30 days after admission. On 8/14/25, the Administrator Assistant contacted the resident's physician for the missing information not found on the medical evaluation. The information was requested on 8/14/25 by the Administrator Assistant. The information was received and placed in the residents' chart on 9/3/25. Effective 9/4/25 all admission paperwork including pre-screening and DME's will be checked by the Department of Veterans of Affairs social worker assigned to Prodigy Spectrum's residents and the Administrator for accuracy and completion 15 days prior to admission of the resident to ensure future compliance. If any paperwork is not in compliance the social worker will get all paperwork completed or corrected within 7 business days and resubmitted back to the Administrator for admission consideration.

[Directed]

- In addition to the above steps, the administrator or designee will audit all current initial medical evaluations for completeness. This will be completed no later than 10/3/25.

Directed Completion Date: 10/03/2025

**Implemented ( [REDACTED] - 10/10/2025)**

181e - Capable to Self Administer

**6. Requirements**

2600.

181.e. To be considered capable to self-administer medications, a resident shall:

2. Know how much medication is to be taken.

**Description of Violation**

Resident #3 self-administers medication to include [REDACTED]

181e - Capable to Self Administer (continued)

On 8/14/25, the resident was unaware of the parameters in which [redacted] was to administer the [redacted] and the resident was unaware of how [redacted].

**Plan of Correction**

Accept ( [redacted] - 09/09/2025)

On 8/14/25 the inspector educated the Administrator on the requirements set by the State of Pennsylvania section 2600.181 a resident should know how much medication is to be taken. On 8/14/25, the Administrator educated and trained the resident [redacted] prescribed by their primary doctor. The resident was educated and trained on the prescription requirements and signed an acknowledgement form of understanding training. Effective 8/14/25, all residents that can self-administer medication and require training will complete an acknowledgement form with the Administrator. This acknowledgement form will be completed with resident and Administrator on day of admission and if there are any medications changes during their stay. All forms will be kept in the resident's chart and audit every 15th day of the month by the Administrator to ensure future compliance.

Licensee's Proposed Overall Completion Date: 09/07/2025

Implemented ( [redacted] - 10/10/2025)

187d - Follow Prescriber's Orders

**7. Requirements**

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

**Description of Violation**

Resident #3 is prescribed [redacted]  
However, resident #3 was administered [redacted] on 8/6, 8/8, 8/10 and 8/12/25.

Repeated Violation - 9/12/24

**Plan of Correction**

Accept ( [redacted] - 09/16/2025)

On 8/14/25 the inspector educator the Administrator on the requirements set by the State of Pennsylvania section 2600.187 (d) the home shall follow directions of the prescriber. On 8/14/25, the Administrator had a staff meeting educating all staff on the requirements set forth by the state. A further investigation was conducted by the Administrator to seek out the staff member committing the infraction. That staff member was required to perform additional training with the Administrator. This training was completed on 8/16/25. Effective 8/14/25, to ensure future compliance the Administrator will conduct a monthly inspection on the 15th of each month of all resident's MAR and medical charts. While specifically centering attention to reviewing the medication administration records to ensure medications are being administered correctly.

Licensee's Proposed Overall Completion Date: 09/15/2025

Implemented ( [redacted] - 10/10/2025)

191 - Resident Right to Refuse

**8. Requirements**

2600.

191 - Resident Right to Refuse (continued)

191. Resident Education - The home shall educate the resident of the right to question or refuse a medication if the resident believes there may be a medication error. Documentation of this resident education shall be kept.

Description of Violation

Resident #1, admitted to the home on [REDACTED] has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #2, admitted to the home on [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Resident #3, admitted to the home on [REDACTED], has not been educated to the resident's right to refuse medication if the resident believes that there may be a medication error.

Plan of Correction

Accept ([REDACTED] - 09/09/2025)

On 8/14/25 the inspector educated the Administrator on the requirements set by the State of Pennsylvania section 2600.191 that the home shall educate the resident of the right to question or refuse a medication. Effective 8/14/25, while the inspector was still present in the facility the Administrator created a medication addendum outlining the 2600.191 resident education rule. On this day all residents were educated by the Administrator and Administrator Assistant on this rule. Each resident signed the medication addendum and the signed copy was placed in the resident's file. To ensure future compliance the medication addendum form has been added to the new admission packet. The Administrator will conduct an audit of this form during each admission and the Administrator Assistant will conduct an audit of the form when putting together the new admission packets.

Licensee's Proposed Overall Completion Date: 09/06/2025

Implemented ([REDACTED] - 10/10/2025)

251b - Record Entries Legible

9. Requirements

2600.

251.b. The entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry.

Description of Violation

Correction fluid was used under the support plan for the resident's visionary needs on resident's #2's assessment and support plan, dated [REDACTED]

Correction fluid was used on days 8/1-8/6/25 and on days 8/15-8/16/25 under [REDACTED] on resident #3's August 2025 medication administration record (MAR).

Correction fluid was used on the medication box for [REDACTED] and on the medication box for [REDACTED] resident #4's August 2025 MAR.

Plan of Correction

Accept ([REDACTED] - 09/09/2025)

On 8/14/25 the inspector educated the Administrator on the requirements set by the State of Pennsylvania section 2600.251 (b) the entries in a resident's record must be permanent, legible, dated and signed by the staff person making the entry. On 8/14/25, the Administrator had a staff meeting educating all staff on the requirements set

251b - Record Entries Legible (continued)

forth by the state. A further investigation was conducted by the Administrator to seek out the staff member committing the infraction. That staff member was required to perform additional training with the Administrator. This training was completed on 8/16/25. Effective 8/14/25, to ensure future compliance the Administrator will conduct a monthly inspection of all resident's files on the 15th of each month.

Licensee's Proposed Overall Completion Date: 09/06/2025

Implemented ( ) - 10/10/2025

252 - Record Content

10. Requirements

2600.

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

- 3. A photograph of the resident that is no more than 2 years old.

Description of Violation

Resident #2, #3 and #4's record does not include a photograph of the resident that is no more than 2 years old.

Plan of Correction

Accept ( ) - 09/09/2025

On 8/14/25 the inspector educator the Administrator on the requirements set by the State of Pennsylvania section 2600.252 that each resident's record must include a photograph of the resident that is no more than 2 years old. On 8/14/25 while the inspector was still present in the facility, the Administrator had photos taken of each resident. The current photos were printed, labeled with the date it was taken, labeled with the resident's name, and placed in each resident's file. Effective 8/14/25, the Administrator conducted a staff meeting informing all staff of the new resident photo policy. The new policy requires a photo of the resident to be taken by the home's PCA staff member during the admission process and signed off by the PCA staff member taking the photo. After this process, the Administrator will conduct an inspection of all new admission files during the resident's admission to ensure future compliance.

Licensee's Proposed Overall Completion Date: 09/06/2025

Implemented ( ) - 10/10/2025