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

July 15, 2026

[redacted], ADMINISTRATOR/FOUNDER
PRODIGY SPECTRUM MANAGEMENT PLUS
[redacted]

RE: PRODIGY SPECTRUM
MANAGEMENT PLUS
1811 W. MARKET STREET
YORK, PA, 17404
LICENSE/COC#: 34039

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 05/27/2026, 05/28/2026 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]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *PRODIGY SPECTRUM MANAGEMENT PLUS* **License #**: *34039* **License Expiration**: *05/07/2027*

Address: *1811 W. MARKET STREET, YORK, PA 17404*

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**: *11/20/2024* **Issued By**: *West York Borough*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *5* **Waking Staff**: *4*

Inspection Information

Type: *Full* **Notice**: *Unannounced* **BHA Docket #**:

Reason: *Renewal* **Exit Conference Date**: *05/28/2026*

Inspection Dates and Department Representative

05/27/2026 - On-Site: [redacted]

05/28/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *11* **Residents Served**: *5*

Secured Dementia Care Unit

In Home: *No* **Area**: **Capacity**: **Residents Served**:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *5* **Are 60 Years of Age or Older**: *5*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

Have Mobility Need: *0* **Have Physical Disability**: *0*

Inspections / Reviews

05/27/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/26/2026*

06/26/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/14/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *07/03/2026*

Inspections / Reviews *(continued)*

07/07/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/14/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/14/2026*

07/15/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/14/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

26b - Quality Management Plan Content

1. Requirements

2600.
26.b. The quality management plan shall address the periodic review and evaluation of the following:

Description of Violation

The home's quality management review was not provided.

Plan of Correction ***Accept ([redacted] - 07/07/2026)***

On 5/28/26 the inspector educated the administrator on the requirements set by the State of Pennsylvania section 2600. 26b that mandates the home must maintain the quality management plan that addresses the periodic review and evaluation. On 5/28/26 the administrator immediately tried to email the quality management information that was completed by all staff members on 5/2/2026 to the inspector's email but the email would not deliver. The administrator attempted several other ways to deliver the information to the inspector but these measures were unsuccessful as well. Effective 5/28/26 the administrator printed a hard copy of all training information and placed the information in a folder to keep at both facilities.To ensure future compliance moving forward the administrator will check all staff's training compliance the 1st day of each month.
The next management plan review is scheduled for Monday 11/2/26. The meetings are conducted every six months. The meeting information will be delivered by the administrator and the meeting time will be recorded by the administrator assistant. The administrator assistant will arrange the meeting location and provide staff with the meeting information. To assure future compliance the administrator will conduct a quarterly audit every 1st day of the month effective 7/2/26.

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented ([redacted] - 07/15/2026)

51 - Criminal Background Check

2. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A began employment at the home on [redacted] Staff Member A member has not resided in Pennsylvania for two consecutive years prior to beginning employment at the home. However, the home did not complete a Federal Bureau of Investigation background check on Staff Member A.

Staff Member B began employment at the home on [redacted] However, a Pennsylvania State Police criminal background check was not requested unti[redacted]

Plan of Correction ***Accept ([redacted] - 07/07/2026)***

On 5/28/26 the inspector educated the administrator on the requirements set by the State of Pennsylvania section 2600. 51 that mandates the home to conduct criminal history checks. On 5/28/26 the administrator immediately scheduled a Federal Bureau of Investigation background check for 6/15/26 for Staff member A. The background was completed and the employee passed. The passed clearance was received on 6/16/26. Effective 5/28/26 all current and future employees of Prodigy Spectrum will be require to have a clear clearance check before employment can

51 - Criminal Background Check (continued)

begin.To ensure future compliance moving forward the administrator will conduct a background check on all future employment candidates before a job offer is offered to the individual.

On May 29,2026 an audit was done by the administrator on all current employees. To ensure compliance the administrator will conduct a quarterly audit every 1st day of the month effective 7/2/26.

Proposed Overall Completion Date: 06/24/2026

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented ([redacted] - 07/15/2026)

60a - Staff/Support Plan

3. Requirements

2600.
60.a. Staffing shall be provided to meet the needs of the residents as specified in the resident's assessment and support plan.

Description of Violation

During the following shifts, there were no staff present who were trained in Medication Administration:

- *5/24/26 from 8:00 PM to 8:30 AM*
- *5/25/26 from 8:00 PM to 8:30 AM*
- *5/26/26 from 8:00 PM to 8:30 AM*

As a result, the home was unable to provide medication administration services during this time. There were no scheduled medications at the home during these times; however, the following residents have these medications scheduled pro re nata (PRN):
Resident #1: [redacted]
Resident #2: [redacted]

Plan of Correction ***Accept ([redacted] - 07/07/2026)***

On 5/28/26 the inspector educated the administrator on the requirements set by the State of Pennsylvania section 2600.60.a that staffing shall be provided to meet the needs of the resident assessment and support plan. On 5/28/26 the administrator immediately view and adjust the staff schedules to make sure that all the resident's assessment and support plan is being addressed at any time of the day by a qualified employee. Effective 5/28/26 the administrator assistance will create a monthly staff's schedule on every 1st day of each month. To ensure future compliance moving forward the administrator will recheck all monthly staff schedules before being presented to staff. The administrator will also recheck the schedule when any changes are made such as call outs and days off request etc.

The root cause was staffing over site. The administrator is a state certified trainer to trainer. [redacted] will or has trained all current and [redacted] will train all future employees on medication training. There is currently enough staff personnel to have a med tech on-site at all times .To ensure future compliance moving forward the administrator will recheck all monthly staff schedules one week prior before being presented to staff. Example… the administrator assistant drafts the schedule a month in advance for each month. The administrator will check the schedule one week prior before the current month's schedule is posted.

60a - Staff/Support Plan (continued)

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented ([redacted] - 07/15/2026)

63a - First Aid/CPR Training

4. Requirements

2600.
63.a. At least one staff person for every 50 residents who is trained in first aid and certified in obstructed airway techniques and CPR shall be present in the home at all times.

Description of Violation

On 5/25/26, from 8:00 PM to 8:30 AM, 5 residents were present in the home. During this time, there were no staff present who were certified in CPR and First Aid.

On 5/26/26, from 8:00 PM to 8:30 AM, 5 residents were present in the home. During this time, there were no staff present who were certified in CPR and First Aid.

Plan of Correction ***Accept ([redacted] - 07/07/2026)***

On 5/28/26 the inspector educated the administrator on the requirements set by the State of Pennsylvania section 2600.63 at least one staff person for every 50 residents' is trained in first aid and certified in CPR. On 5/28/26 the administrator immediately tried to email the quality management information that was completed by all staff members on 5/2/2026 to the inspector's email but the email would not deliver. The administrator attempted several other ways to deliver the information to the inspector but these measures were unsuccessful as well. Effective 5/28/26 the administrator immediately scheduled the employee for a re-certification of first aid and certified CPR for 6/26/26. To ensure future compliance moving forward the administrator will check all staff's training compliance the 1st day of each month to make sure all employees' certification are up to date.

To assure future compliance the administrator will conduct a quarterly audit every 1st day of the month effective 7/2/26.

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented ([redacted] - 07/15/2026)

105g - Lint Removal and Duct Cleaning

5. Requirements

2600.
105.g. To reduce the risks of fire hazards, lint shall be removed from the lint trap and drum of clothes dryers after each use. Lint shall be cleaned from the vent duct and internal and external ductwork of clothes dryers according to the manufacturer’s instructions.

105g Lint Removal and Duct Cleaning *(continued)*

Description of Violation

On 5/27/26, at approximately 9:20 AM, there was an approximate 1/2 inch accumulation of lint in the lint trap of the dryer located in the basement. There were no clothes in the dryer at the time.

Also, the last dryer duck cleaning was done on 5/22/25.

Plan of Correction ***Accept ([redacted] - 07/07/2026)***

On 5/28/26 the inspector educated the administrator on the requirements set by the State of Pennsylvania section 2600.105.g. about lint removal and duct cleaning to reduce the risks of fire hazards. The administrator immediately cleaned the lint trap and drum and then hung a sign that states "NOTICE Please empty lint trap from dryer and drum after each use" on 5/28/26. In addition to hanging the sign the administrator showed each employee how to properly clean and dispose of lint from the lint trap and drum. This was completed on 5/29/26. Beginning 5/29/26, to prevent this from happening again each staff member on duty will check the dryer after prior to each load of clothes being out in the dryer, after each load being taken out of the dryer and at the completion of their shifts daily. In addition beginning 5/29/26, the administrator's assistant will check the dryer lint trap every Friday to ensure it is being emptied properly everyday by all employees.

The administrator showed each employee how to properly clean and dispose of lint from the lint trap and drum. This was completed on 5/29/26 (Please see attachment on the training that administrator used to educate staff) Beginning 5/29/26, to prevent this from happening again each staff member on duty will check the dryer prior & after use of the dryer, this will be required daily by PCA on duty.

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented ([redacted] - 07/15/2026)

107d - Procedure Emergency Management Agency Submission

6. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed, updated and submitted to the local emergency management agency since 4/22/25.

Plan of Correction ***Accept ([redacted] - 06/26/2026)***

On 6/24/26 the administrator send an email to West York Borough local emergency agency including the address of home, location of bedrooms, and assistance needed for residents to evacuate the home in case of an emergency. If

107d - Procedure Emergency Management Agency Submission (continued)

any changes occur the document will be updated, and a new copy will be placed on file as well as notifying the West York Borough of these changes immediately. To ensure future compliance moving forward the administrator will check all compliance the 1st day of each month to make sure all information is up to date.

Licensee's Proposed Overall Completion Date: *06/24/2026*

Implemented (- 07/15/2026)

132a - Monthly Fire Drill

7. Requirements

2600.
132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

On 5/28/26, there was a sticky note on top of the fire drill record. The sticky note said, "Next drill scheduled for 5/31/26 at 6am." Staff have access to the fire drill records.

Plan of Correction ***Accept (- 07/07/2026)***

On 5/28/26 the inspector educated the administrator on the requirements set by the State of Pennsylvania section 2600.132 (a) an unannounced fire drill shall be held at least once a month. On 5/28/26 the Administrator immediately removed the sticky note from the fire drill record. To ensure future compliance moving forward the administrator will be the only staff personnel with of any knowledge of any unannounced fire drills and this information will not be written down in the future. The administrator will conduct an unannounced fire drill every month, effective 5/28/26.

Effective 5/28/26 the fire drill information was locked in a file cabinet located in the administrator's office. The administrator is the only person with access to the file cabinet keys. The administrator will check the file cabinet every 1st and 15th day of the month to ensure future compliance.

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented (- 07/15/2026)

141a - Medical Evaluation

8. 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.

Description of Violation

Resident #1 was admitted to the home on ; however, the resident's initial medical evaluation was completed on

141a Medical Evaluation (continued)

Resident #2 was admitted to the home on [redacted]; however, the resident's initial medical evaluation was completed [redacted]

Resident #3 was admitted to the home on [redacted] however, the resident's initial medical evaluation was completed [redacted]

Plan of Correction ***Accept ([redacted] - 06/26/2026)***

On 5/28/26 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 5/28/26, the Administrator contacted the resident's Department of Veterans Affair social worker and informed [redacted] of the violation. Effective 5/29/26 all admission paperwork including pre screening and DME's will be checked by a Department of Veterans of Affairs social worker and the Administrator prior to admission to ensure future compliance. If any paperwork is not in compliance the social worker will get all paperwork completed and resubmitted for admission

Licensee's Proposed Overall Completion Date: *06/24/2026*

Implemented ([redacted] - 07/15/2026)

183b - Meds and Syringes Locked

9. 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 5/27/26, [redacted] was observed unlocked, unattended and accessible in Resident #3's room.

Plan of Correction ***Accept ([redacted] - 06/26/2026)***

On 5/28/26 the administrator was educated by the inspector on the requirements set by the State of Pennsylvania section 2600. 183. medications shall be kept in an area or container that is locked. On 5/28/26 the administrator immediately removed the medication and disposed of it. The administrator educated the staffed and current residents of the corrections requirements in a meeting on 5/29/26. Effective 5/29/26 all residents that can self administer medication will require an education of the medication requirements training with the administrator. An acknowledgement form will be signed by both the resident and administrator and kept in the resident's chart. A daily room audit will be performed by a Personal Care Assistance to ensure future compliance.

Licensee's Proposed Overall Completion Date: *06/24/2026*

Implemented ([redacted] - 07/15/2026)

183d - Prescription Current

10. 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 5/27/26, [redacted] prescribed for Resident #3, was in Resident #3's room. However, this medication was discontinued on 2/26/25.

183d Prescription Current (continued)

On 5/27/26, [redacted] prescribed for Resident #4, was in the home's medication cart; however, this medication was discontinued on 5/9/26.

Plan of Correction ***Accept ([redacted] - 06/26/2026)***

On 5/28/26 the administrator was educated by the inspector on the requirements set by the State of Pennsylvania section 2600. 183 d medications shall be kept in an area or container that is locked. On 5/28/26 the administrator immediately removed the medication and disposed of it. The administrator educated the staffed and current residents of the corrections requirements in a meeting on 5/29/26. Effective 5/29/26 all residents that can self administer medication will require an education of the medication requirements training with the administrator. An acknowledgement form will be signed by both the resident and administrator and kept in the resident's chart. A daily room audit will be performed by a Personal Care Assistance to ensure future compliance.
In addition, a monthly audit will be conducted on the medication cart every 15th day of each month by the administrator to ensure future compliance.

Licensee's Proposed Overall Completion Date: *06/24/2026*

Implemented ([redacted] - 07/15/2026)

184a - Resident's Meds Labeled

11. Requirements

2600.
184.a. The original container for prescription medications shall be labeled with a pharmacy label that includes the following:

Description of Violation

Resident #2 is prescribed [redacted] however, this medication did not have a pharmacy label.

Plan of Correction ***Accept ([redacted] - 06/26/2026)***

On 5/28/26 the administrator was educated by the inspector on the requirements set by the State of Pennsylvania section 2600. 184. the original container for the medications shall be labeled with a pharmacy label. On 5/28/26 the administrator immediately removed the medication from the medication cart. In addition, a monthly audit will be conducted on the medication cart every 15th day of each month by the administrator to ensure future compliance.

Licensee's Proposed Overall Completion Date: *06/24/2026*

Implemented ([redacted] - 07/15/2026)

185a - Implement Storage Procedures

12. Requirements

2600.
185.a. The home shall develop and implement procedures for the safe storage, access, security, distribution and use of medications and medical equipment by trained staff persons.

Description of Violation

Resident #1 is prescribed [redacted] ded. However, on 5/27/26, this medication was not available in the home.

Resident #4 is prescribed [redacted]. However, on 5/27/26, this medication was not available in the home.

185a - Implement Storage Procedures (continued)

Plan of Correction ***Accept (- 06/26/2026)***

On 5/28/26 the administrator was educated by the inspector on the requirements set by the State of Pennsylvania section 2600. 185.a the home shall develop and implement procedures for safe storage of medication. On 5/29/26 the administrator did an audit of the medication cart and requested an updated copy of the resident's med list. Resident #1 medication was discontinued. This update was recorded on the resident's MAR. Resident #4 had medication training with the administrator to gain the understanding medication must be given as prescribed and any changes will require a doctor's order. Effective 5/28/26 the administrator will request an updated med list of all residents while conducting monthly medication audits to ensure future compliance. In addition, a monthly audit will be conducted on the medication cart every 15th day of each month by the administrator to ensure future compliance.

Licensee's Proposed Overall Completion Date: *06/24/2026*

Implemented (- 07/15/2026)

187a - Medication Record

13. Requirements

2600.
187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

3. Name of medication.
4. Strength.
5. Dosage form.
6. Dose.
7. Route of administration.
8. Frequency of administration.
9. Administration times.
10. Duration of therapy, if applicable.
11. Special precautions, if applicable.
12. Diagnosis or purpose for the medication, including pro re nata (PRN).

Description of Violation

Resident #1 is prescribed [redacted]. The resident's May 2026 Medication Administration Record (MAR) does not include the diagnosis.

Resident #2 is prescribed [redacted] as directed by provider [redacted]. However, this medication is not listed on the resident's May 2026 MAR.

Plan of Correction ***Accept (- 06/26/2026)***

On 5/28/26 the administrator was educated by the inspector on the requirements set by the State of Pennsylvania

187a - Medication Record (continued)

section 2600. 187.a medication record shall be kept for each resident for whom medication is administered. On 5/29/26 the administrator did an audit of the medication cart and requested an updated copy of the resident's med list. Resident #2 and Resident #4 medication update was recorded on the resident's MAR. Effective 5/28/26 the administrator will request an updated med list of all residents while conducting monthly medication audits to ensure future compliance. In addition, a monthly audit will be conducted on the medication cart every 15th day of each month by the administrator to ensure future compliance.

Licensee's Proposed Overall Completion Date: *06/24/2026*

Implemented (- 07/15/2026)

187d - Follow Prescriber's Orders

14. Requirements

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

Description of Violation

Resident #2 is prescribed [redacted] However, this medication was not administered during the following dates and times because it was not available in the home:

- *On 5/24/26*
- *On 5/25/26*
- *On 5/26/26*
- *On 5/27/26*

Resident #2 is prescribed [redacted] per the instructions on the pharmacy label and the instructions on the resident's May 2026 medication administration record (MAR). However, under the time the medication is to be administered, the MAR states "PRN". This medication has not been administered throughout the entire month of May.

Plan of Correction ***Accept (- 07/07/2026)***

On 5/28/26 the administrator was educated by the inspector on the requirements set by the State of Pennsylvania section 2600. 187.d the home shall follow the directions of the prescribed. On 5/29/26 the administrator informed the inspector that this was [redacted] The resident was not complying with the request of the doctor's order. The administrator did inform the resident's social worker of the non compliance of the resident. Effective 5/28/26 the administrator will reach out to the provider for a request and discontinuation of any mediation until a resident complies with doctor's orders. The administrator will request an updated med list of all residents while conducting monthly medication audits to ensure future compliance. In addition, a monthly audit will be conducted on the medication cart every 15th day of each month by the administrator to ensure future compliance.

Effective 5/28/26 the administrator provided immediate steps by reaching out to the resident's provider for the current order to be discontinued and a new order to be issued. The new change request was [redacted] to be PRN and state the resident can self administer. This request was made after the administrator spoke with the resident on 5/28/26 about [redacted] usage needs of the medication.

Licensee's Proposed Overall Completion Date: *07/06/2026*

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

Implemented (- 07/15/2026)

225a Assessment 15 Days

15. 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 #2's initial assessment, signed does not include the date the assessment was finalized.

Resident #3's initial medical evaluation, dated indicates the resident cannot safely use or avoid poisonous materials. However, the resident's initial assessment, dated indicates the resident has "no problem" with ability to use and avoid poisonous material.

Plan of Correction ***Accept (- 07/07/2026)***

On 5/28/26 the administrator was educated by the inspector on the requirements set by the State of Pennsylvania section 2600. 225 that a resident shall have an initial written assessment form within 15 days of admission. On 5/28/26 the administrator immediately made all necessary corrections to the resident's RASP form. The administrator educated the staff in a meeting/training held on 5/29/26 pertaining to properly completing a RASP form. Effective 5/29/26 the administrator will review all completed initial or annual RASP form to ensure future compliance.

Effective 5/29/26 the administrator began reviewing all completed initial or annual RASP forms to ensure future compliance. The audit was completed on 5/30/2026. To ensure compliance the administrator will conduct a quarterly audit every 1st day of the month effective 7/2/26.

Licensee's Proposed Overall Completion Date: *07/06/2026*

Implemented (- 07/15/2026)