



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to ROSE OF SHARON HOME INC
LEGAL ENTITY

To operate ROSE OF SHARON HOME, INC.
NAME OF FACILITY OR AGENCY

Located at 135 MAIN STREET, PO BOX 336, SAINT MICHAEL, PA 15951
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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To provide Personal Care Homes
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 30
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions: _____

This certificate is granted in accordance with the Public Welfare Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2600: Personal Care Homes
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from July 10, 2015 until July 10, 2016,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **332060**

Robert E. Robinson
ISSUING OFFICER

[Signature]
DIRECTOR

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



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DEPARTMENT OF HUMAN SERVICES

JUL 17 2015

Ms. Sherri M. Marshall, President/Administrator
Rose of Sharon Home, Inc.
135 Main Street, P.O. Box 336
Saint Michael, Pennsylvania 15951

RE: Rose of Sharon Home, Inc.
License #: 332060

Dear Ms. Marshall:

As a result of the Department of Human Services' licensing inspection on June 23, 2015 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa.Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because this is a new legal entity operating the home.

Your NEW license is enclosed.

Sincerely,

Matthew Jones / 98
Matthew J. Jones
Director

Enclosure
License