



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

APR 18 2017

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

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

Dear Ms. Marshall:

As a result of the Department of Human Services' annual licensing inspection on February 7, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to [https://www.surveymonkey.com/r/BHSL\\_Inspection](https://www.surveymonkey.com/r/BHSL_Inspection).

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink that reads "J. Rowe".

Jacqueline L. Rowe  
Director

Enclosure  
License Inspection Summary



Violation Report: 33206 - 02/07/2017 - Showers, Michael  
 PCH Name: ROSE OF SHARON HOME INC

1. REGULATION 55 Pa.Code §2600  
 2600.103(f) - Food requiring refrigeration shall be stored at or below 40°F. Frozen food shall be kept at or below 0°F. Thermometers are required in refrigerators and freezers.

2a. DESCRIPTION OF VIOLATION  
 The Frigidara Household Freezer, located in the basement of the home, measured 12 degrees Fahrenheit in the morning, 8 degrees Fahrenheit at 1:20pm, and 10 degrees Fahrenheit at 2:40 pm.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)  
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Items in the Frigidara Household Freezer were removed on 2-7-17 and placed in an alternate freezer.  
 Repairs are in process as of this date. The above mentioned freezer will not be used until such time as the repairs are completed or a replacement unit is purchased. Appliance repairman is scheduled to inspect this unit by 2-23-17. It is expected that the freezer will be repaired or replaced by 3-1-17. Pictures are attached of the empty Frigidara freezer. As of this date (2-21-17), the freezer is reading below 0 degrees. Administrator has provided cooking staff with additional instruction on proper temperatures of refrigerators and freezers as per 2600.103(f). Please see attached.

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative  
 (Required on EVERY Page) *Sherri A Marshall*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Sherri A. Marshall, Administrator	Date 2-21-17
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**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 2/21/17  
 (Date)

The above plan of correction was approved by BMS  
 (Initials)

Plan of correction implementation status as of 2/21/17  
 (Date)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented