



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

JUL 31 2018

Ms. Sharon A. Metzger  
Owner/Administrator  
SMEM 1957 LLC  
1441 Baltimore Pike  
Hanover, Pennsylvania 17331

RE: Sharon's Personal Care Home  
Certificate #: 332390

Dear Ms. Metzger:

As a result of the Department of Human Services' annual licensing inspection on May 11, 2018 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: 33239 - 05/11/2018 - OPake, Hope  
 PCH Name: SHARON S PERSONAL CARE HOME

**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**

On May 11, 2018, there was no thermometer in the refrigerator and freezer located in the dining room.

**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.

*May 11, 2018 Administrator placed thermometers in the dining room refrigerator and one in the freezer as seen in the attached pictures.*

*The Administrator will conduct monthly checks of the refrigerator/freezer to ensure that the food inside is stored at a temperature required by this regulation. -ee*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page) *Sharon A Metzger*  
*SMEM1957 / Sharon's Personal Care Home*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page) *Sharon A Metzger Administrator/owner*      Date *6-8-18*

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 7-18-18  
 (Date)

Plan of correction implementation status as of 7-18-18  
 (Date)

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

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

Violation Report: 33239 - 05/11/2018 - OPake, Hope

PCH Name: SHARON S PERSONAL CARE HOME

**1. REGULATION 55 Pa.Code §2600**

2600.141(a)(1) - 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.

**2a. DESCRIPTION OF VIOLATION**

Resident #1 was admitted on May 25, 2017. A Medical Evaluation on the MA-51 form was included in the resident's record, but a Documentation of Medical Evaluation (DME) form had not been completed.

**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.

*Going forward Administrator will Always have a MA51 and the DME completed on all low income residents by their physician when admitted and when they have their Annual physical. See Attached MA-51 + DME*

Repeat Violation: No      Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *Sharon A Metzger / S.M.E.M 1957 / Sharon's Personal Care Home*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) *Sharon A Metzger Administrator/owner*      Date *6-8-18*

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

Plan of correction implementation status as of 7-18-18 (Date)

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- Not Implemented

Violation Report: 33239 - 05/11/2018 - OPake, Hope  
 PCH Name: SHARON S PERSONAL CARE HOME

1. REGULATION 55 Pa.Code §2600  
 2600.141(b)(1) - A resident shall have a medical evaluation at least annually.

2a. DESCRIPTION OF VIOLATION

Resident #2's last medical evaluation was completed on March 21, 2018. The previous medical evaluation was completed on March 2, 2017.

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.

*Going forward administrator will make sure all dates are legible on RASP and DME and other paperwork, so there won't be any discrepancy*

The administrator will audit all resident records to ensure that each resident has had a medical evaluation within the past year. Any resident whose medical evaluation is overdue will have a new evaluation as soon as possible and annually thereafter. *sz*

Repeat Violation: No

Date(s) of Previous Violation(s):

Signature of Legal Entity Representative  
 (Required on EVERY Page)

*Sharon A Metzger / S.M.E.M 1957 / Sharon's Personal*

Printed Name and Title of Legal Entity Representative  
 (Required on EVERY Page)

*Sharon A. Metzger Administrator / June 8-18*

Date *6-8-18*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 7-18-18  
 (Date)

Plan of correction implementation status as of 7-18-18  
 (Date)

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

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