

Department of Human Services
Bureau of Human Service Licensing

July 30, 2020

ROSE OF SHARON HOME INC
PO BOX 336, 135 MAIN STREET
SAINT MICHAEL, PA, 15951

RE: ROSE OF SHARON HOME, INC.
135 MAIN STREET, PO BOX 336
SAINT MICHAEL, PA, 15951
LICENSE/COC#: 33206

Dear Ms. Marshall,

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 07/02/2020, 07/06/2020, 07/07/2020 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Sincerely,
Gloria Emick

Enclosure
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

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

Facility Information

Name: *ROSE OF SHARON HOME, INC.* License #: *33206* License Expiration Date: *07/10/2021*
 Address: *135 MAIN STREET, PO BOX 336, SAINT MICHAEL, PA 15951*
 County: *CAMBRIA* Region: *CENTRAL*

Administrator

Name: *Sherri A Marshall* Phone: *8144954642* Email: *rosh3@comcast.net*

Legal Entity

Name: *ROSE OF SHARON HOME INC*
 Address: *PO BOX 336, 135 MAIN STREET, SAINT MICHAEL, PA, 15951*
 Phone: *8144954642* Email: *ROSH3@COMCAST.NET*

Certificate(s) of Occupancy

Type: *C-2 LP* Date: *12/27/1993* Issued By: *L&I*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *24* Waking Staff: *18*

Inspection

Type: *Partial* Notice: *Unannounced* BHA Docket #:
 Reason: *Incident* Exit Conference Date: *07/07/2020*

Inspection Dates and Department Representative

07/02/2020 - Off-Site: Douglas Hoover
07/06/2020 - Off-Site: Douglas Hoover
07/07/2020 - Off-Site: Douglas Hoover

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* Residents Served: *22*

Secured Dementia Care Unit

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

Hospice

Current Residents: *1*

Number of Residents Who:

Receive Supplemental Security Income: *6* Are 60 Years of Age or Older: *21*
 Diagnosed with Mental Illness: *4* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *2* Have Physical Disability: *2*

Inspections / Reviews

07/02/2020 - Partial

Lead Inspector: *Douglas Hoover*Follow-Up Type: *POC Submission*Follow-Up Date: *07/20/2020*

7/30/2020 - POC Submission

Lead Reviewer: *Gloria Emick*Follow-Up Type: *Document Submission*Follow-Up Date: *07/30/2020*

7/30/2020 - Document Submission

Lead Reviewer: *Gloria Emick*Follow-Up Type: *Not Required*

23a - Activities of Daily Living Assistance

1. Requirements

2600.

23.a. A home shall provide support plan.

each resident with assistance with ADLs as indicated in the resident's assessment and

Description of Violation

Resident #1 was discharged without assistance. Assist current support plan, date On 6/30/2020, Resident # needs of Resident #1.

from the rehabilitation hospital on 6/26/2020 with orders not to walk or climb stairs with transfers was also required. On 6/26/2020, the home noted on Resident #1's 13/2020, that assistance was needed during ambulation. d 3 falls which resulted in hospitalization on 7/1/2020. The home did not meet the

Plan of Correction - 07

7/2020

Accepted

All staff were directly notified. There are no steps in the living area of Resident #1 so steps were not addressed on the RASP update. Staff were walking with Resident #1 always with wheeled walker when staff were not present to assist her. Resident #1 will not be returning to our PCH. In order to be in compliance in the future, the Administrator will schedule additional staff to ensure that the resident's needs continue to be met regarding all ADLs. If within the scope of services needed it is found that the Rose of Sharon Home cannot meet the resident's current needs, additional staffing will be hired to work directly with the resident in order to meet the additional needs. If this is not feasible, the Administrator will discharge the resident to a higher level of care.

d, as well as the notation on the RASP, of Resident #1s need to be assisted during transfers on a regular basis. This assistance was provided during transfers as well. However, to be as independent as possible and would attempt to walk on her own with her staff were not present to assist her. Resident #1 will not be returning to our PCH. In order to be in compliance in the future, the Administrator will schedule additional staff to ensure that the resident's needs continue to be met regarding all ADLs. If within the scope of services needed it is found that the Rose of Sharon Home cannot meet the resident's current needs, additional staffing will be hired to work directly with the resident in order to meet the additional needs. If this is not feasible, the Administrator will discharge the resident to a higher level of care.

Completion Date: 07/1 2020

Document Submission - 07/30/2020

Implemented

All steps are completed.