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

July 23, 2026

[redacted], PRESIDENT
ROSE OF SHARON CARE SERVICES LLC
[redacted]

RE: ROSE OF SHARON HOME
135 MAIN ST.
ST. MICHAEL, PA, 15951
LICENSE/COC#: 34081

Dear [redacted]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 04/30/2026 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: *ROSE OF SHARON HOME* **License #**: *34081* **License Expiration**: *10/01/2026*

Address: *135 MAIN ST., ST. MICHAEL, PA 15951*

County: *CAMBRIA* **Region**: *CENTRAL*

Administrator

Name: [redacted] **Phone**: [redacted] **Email**: [redacted]

Legal Entity

Name: *ROSE OF SHARON CARE SERVICES LLC*

Address: [redacted]

Phone: [redacted] **Email**: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *12/27/1988* **Issued By**: *Department of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *17* **Waking Staff**: *13*

Inspection Information

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

Reason: *Renewal* **Exit Conference Date**: *04/30/2026*

Inspection Dates and Department Representative

04/30/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *30* **Residents Served**: *17*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *1* **Are 60 Years of Age or Older**: *17*

Diagnosed with Mental Illness: *1* **Diagnosed with Intellectual Disability**: *1*

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

Inspections / Reviews

04/30/2026 Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *05/29/2026*

06/09/2026 - POC Submission

Submitted By: [redacted] **Date Submitted**: *07/13/2026*

Reviewer: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *06/16/2026*

Inspections / Reviews *(continued)*

06/17/2026 POC Submission

Submitted By: [redacted] **Date Submitted:** *07/13/2026*

Reviewer: [redacted] **Follow Up Type:** *Document Submission* **Follow Up Date:** *07/06/2026*

07/23/2026 Document Submission

Submitted By: [redacted] **Date Submitted:** *07/13/2026*

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

20b1 Financial Records

1. Requirements

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
1. The home shall keep a record of financial transactions with the resident, including the dates, amounts of deposits, amounts of withdrawals and the current balance.

Description of Violation

Records indicate Resident #1 has had a resident personal account managed by the home since at least April of [redacted] The last entry for the balance sheet was in January of 2026.

On 4/30/26, Resident #3 had an envelope containing $50 in the resident's file. According to Staff Member A, Resident #3's family provided the money for Resident #3 to use and was put in the locked safe where resident funds are kept. Resident #3's contract indicates the home does not keep personal resident accounts. There is no record for this money held by the home.

Plan of Correction ***Accept ([redacted] - 06/17/2026)***

Residents and families will be notified by email and regular mail on 6/22/2026 that the residents who have any "funds" that are currently being held by Home.
The date of disbursement to the resident or responsible family member will begin on 6/29/2026. An acknowledgement form will be signed by those receiving funds.
Lock boxes will be offered when funds are disbursed 6/29/2026, if the resident family member would like a lockbox for the residents room.
The employee in charge of this process will be [redacted] will also handle the educational training with the entire staff on funds status and contract guidelines stating the Home is not to be financially responsible.
Date to complete the training 7/6/2026.

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

Implemented ([redacted] - 07/23/2026)

20b9 Record Keeping

2. Requirements

2600.
20.b. If the home provides assistance with financial management or holds resident funds, the following requirements apply:
9. A copy of the itemized account shall be kept in the resident's record.

Description of Violation

There is no copy of the quarterly accounts of financial transactions for the following residents during the following periods:

- *Resident #1 for 10/1/25-12/31/25 and 1/1/26-3/31/26.*
- *Resident #3 for 1/22/26-3/31/26.*

Plan of Correction ***Accept ([redacted] - 06/17/2026)***

The date of the audit was conducted 5/28/2026 by [redacted]. All funds and zero disbursements were noted. All

20b9 Record Keeping (continued)

funds are going to be distributed by the following:

Residents and families will be notified by email and regular mail on 6/22/2026 that the residents who have any "funds" that are currently being held by Home.

The date of disbursement to the resident or responsible family member will begin on 6/29/2026. An acknowledgement form will be signed by those receiving funds.

Lock boxes will be offered when funds are disbursed 6/29/2026, if the resident family member would like a lockbox for the residents room.

The employee in charge of this process will be [redacted] will also handle the educational training (including the current contract) with the entire staff on funds status and contract guidelines stating the Home is not to be financially responsible.

Date to complete the training 7/6/2026.

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

Implemented ([redacted] - 07/23/2026)

64c - Annual Training

3. Requirements

2600.
64.c. An administrator shall have at least 24 hours of annual training relating to the job duties. The Department-approved administrator training course specified in subsection (a) fulfills the annual training requirement for the first year.

Description of Violation

[redacted] *the home's administrator, completed only 13 hours of Department approved training in training year 1/1/25 to 12/31/25.*

Plan of Correction ***Accept ([redacted] - 06/17/2026)***

[redacted] *will meet with* [redacted]*, owner, on compliance expectations to retain* [redacted] *license and understanding of state expectations prior to 6/29/2026.*
All administrator trainings will be audited by [redacted]*, quarterly starting 7/1/2026 for completion and noted in* [redacted] *file for updates.*

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented ([redacted] - 07/13/2026)

141a 1-10 Medical Evaluation Information

4. Requirements

2600.

141a 1-10 Medical Evaluation Information *(continued)*

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. The evaluation must include the following:

1. A general physical examination by a physician, physician's assistant or nurse practitioner.
2. Medical diagnosis including physical or mental disabilities of the resident, if any.
3. Medical information pertinent to diagnosis and treatment in case of an emergency.
4. Special health or dietary needs of the resident.
5. Allergies.
6. Immunization history.
7. Medication regimen, contraindicated medications, medication side effects and the ability to self-administer medications.
8. Body positioning and movement stimulation for residents, if appropriate.
9. Health status.
10. Mobility assessment, updated annually or at the Department's request.

Description of Violation

Resident #3's initial medical evaluation, dated [redacted] states "Please see attached list" under the medication regime. However, a medication list was not attached. Also, this medical evaluation did not include immunization history.

Plan of Correction ***Accept ([redacted] - 06/17/2026)***

Resident #3 passed away [redacted]
The initial audit of all current initial medical evaluations for completion was conducted on 5/12/2026 and is scheduled for an additional audit (for training purposes) on 6/18/2026 with [redacted].. The person responsible for this task is [redacted]. To be reviewed by [redacted] by 6/22/2026.
The educational training will be conducted by [redacted] prior to 7/1/2026 for all admissions staff.
The ongoing review of initial medical evaluations will be monitored by [redacted]. The administrator on staff will notify [redacted] to review documents 72 prior to admission for completion and compliance.
Audited monthly (new admissions) by [redacted] and administrator.

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented ([redacted] - 07/22/2026)

187b - Date/Time of Medication Admin.

5. Requirements

2600.
187.b. The information in subsection (a)(13) and (14) shall be recorded at the time the medication is administered.

Description of Violation

Resident #1 is prescribed Aspirin 81mg, Atorvastatin 40mg, Citalopram 40mg, Clopidogrel 75mg and Lisinopril 20mg. Resident #1's April 2026 medication administration record does not include the initials of the staff person who administered these medications on 4/4/26 at 8:00 AM.

Resident #2 is prescribed Caltrate, Centrum and Paroxetine 20mg. Resident #2's April 2026 medication administration record does not include the initials of the staff person who administered these medications on 4/4/26 at 8:00 AM.

Resident #3 is prescribed Acetaminophen 325mg, Aspirin 81mg, Atorvastatin 20mg, Ferrous Sulfate 325mg, Finasteride 5mg and Loratadine 10mg. Resident #3's April 2026 medication administration record does not include the initials of the staff person who administered these medications on 4/4/26 at 8:00 AM.

Resident #4 is prescribed Aspirin 81mg, Atorvastatin 80mg, Baclofen 10mg, Eliquis 5mg, Ferrous Sulfate 325mg, and

187b Date/Time of Medication Admin. (continued)

a multivitamin. Resident #4's April 2026 medication administration record does not include the initials of the staff person who administered these medications on 4/4/26 at 8:00 AM.

Plan of Correction ***Accept (- 06/17/2026)***

Software MARs training is being reviewed/trained to 3 lead med techs (to include) by by 7/1/2026 to include proper notes documentation and of incident in the system, data entry to correct and how to resolve issue immediately. Responsible for audit of compliance.
A monthly audit will be begin 8/1/2026, to be conducted by new administrator, not named at this time. Offer accepted.

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented (- 07/22/2026)

190c - Record of Training

6. Requirements

2600.
190.c. A record of the training shall be kept including the staff person trained, the date, source, name of trainer and documentation that the course was successfully completed.

Description of Violation

The home's medication administration training record for Staff Member B does not include the observation checklists or the medication record review checklists for 10/2025 or 1/2026, which were indicated on the annual practicum requalification, dated 1/26/26.

Plan of Correction ***Accept (- 06/17/2026)***

We are reconciled Staff Member B's medication administration record and it will be completed by 6/22/2026 to be reviewed by .
An initial audit is being conducted by of all med tech records to make sure all required paperwork is present. Audit completed by 7/1/2026 and reviewed by .
The med tech educational training is being conducted by by 7/1/2026 to include the MARs system. For compliance of data entry due to any system error. The monthly auditing will be conducted by to assure training is in practice beginning 8/1/2026.

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented (- 07/23/2026)

224a - Preadmission Screen Form

7. Requirements

2600.
224.a. A determination shall be made within 30 days prior to admission and documented on the Department's preadmission screening form that the needs of the resident can be met by the services provided by the home.

Description of Violation

Resident #3 was admitted to the home on ; however, the resident's preadmission screening form does not include the date the screening was completed.

224a Preadmission Screen Form *(continued)*

Plan of Correction ***Accept (- 06/17/2026)***

An immediate step taken was 5/1/2026 to document and correct the error of the missing screening date.
[redacted] is conducting an initial follow up audit of all residents on 6/19/2026 due to [redacted] by 6/22/2026.
Compliance regulation training is being completed prior to 7/1/2026 by [redacted] to [redacted] and [redacted] who will then be responsible for compliance prior to resident move in going forth.
Ongoing monitoring auditing of documents will be conducted monthly by [redacted] starting 8/1/2026.

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented (- 07/23/2026)

225a - Assessment 15 Days

8. 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 #3's initial assessment, dated [redacted] does not include an assessment for supervision, medication administration or social and recreational needs.

Resident #4's initial assessment, dated [redacted], does not include an assessment for supervision or medication administration. Also, the resident's support plan under dietary needs states "pureed diet, nectar thick liquids". However, the assessment under dietary needs states "N/A".

Plan of Correction ***Accept (- 06/17/2026)***

Both assessments were updated 5/1/2026 Resident #3 and Resident #4. It was completed by [redacted]. An audit was then conducted 5/4/2026 to verify updates and review other residents. A training audit is scheduled for [redacted] 6/18/2026 for review to [redacted] by 6/22/2026.
An educational review / training to be completed by [redacted] for [redacted] and [redacted] prior to 7/1/2026 for future admission.
All new resident files will be reviewed prior to move in by [redacted] and [redacted] within 15 days of move in for compliance.

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented (- 07/23/2026)

226a - Mobility Assessment

9. Requirements

2600.
226.a. The resident shall be assessed for mobility needs as part of the resident's assessment.

Description of Violation

Resident #3's initial assessment, dated [redacted], does not include an assessment for mobility needs.

226a - Mobility Assessment *(continued)*

Plan of Correction ***Accept (- 06/17/2026)***

The assessment was updated 5/1/2026 Resident #3. It was completed by . An audit was then conducted 5/4/2026 by 5/4/2026.
Resident #3 current mobility assessment was reviewed. Resident #3 passed away .
Resident #4 assessment was updated 5/1/2026 for supervision and mediation administration. New ordered arrived 4/30/2026 for dietary needs.
is conducting the educational training for all assessments prior to 7/1/2026. With the attention on the first 15 days and any updated needed.

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented (- 07/22/2026)

227g -Support Plan Signatures

10. Requirements

2600.
227.g. Individuals who participate in the development of the support plan shall sign and date the support plan.

Description of Violation

Resident #1 participated in the development of support plan on However, the resident did not sign the support plan.

Resident #3 participated in the development of support plan on However, the resident did not sign the support plan.

Plan of Correction ***Accept (- 06/17/2026)***

The RASPS for Resident j#1 and Resident #3 have been audited for signatures on 5/4/2026 by . The support plans will be the responsibility of . Retraining of admissions staff is being conducted by prior to 7/1/2026. The error of not checking the box of "can not sign", no signatures and accurate completion of all forms is focus.
The new admissions will be audited by and after each new admission for the next 6 months or until 1/1/2027.

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented (- 07/23/2026)

251c - Standardized Forms

11. Requirements

2600.
251.c. The home shall use standardized forms to record information in the resident's record.

Description of Violation

Resident #3's initial medical evaluation, dated , was not completed on the Department's current standardized form for personal care. It was completed on the Department's current standardized form for assisted living. The

251c - Standardized Forms (continued)

home is licensed as a person care home.

Plan of Correction ***Accept (- 06/17/2026)***

The updating of Resident #3 medical evaluation form was not completed prior to death . All other current residents will be audited 6/20/2026 by and given to by 6/22/2026 for review.
The audit led to immediate training on the MAR's system with to obtain all documents for a personal care home directly from the site.
will be training prior to 7/1/2026 on the MARs system and using the proper forms.
will be responsible for reviewing all new admissions and documentation used will conduct audits will be after every new admission after 72 hours with starting 7/1/2026.

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented (- 07/22/2026)

252 - Record Content

12. Requirements

2600.
252. Content of Resident Records - Each resident's record must include the following information:
2. Race, height, weight, color of hair, color of eyes, religious affiliation, if any, and identifying marks.

Description of Violation

Resident #2's record does not include eye color, identifying marks or weight.

Resident #4's record does not include eye color, hair color or identifying marks.

Plan of Correction ***Accept (- 06/17/2026)***

The records for Resident #2 and Resident #4 were updated 5/4/2026. It was completed by . A new audit has been assigned to 6/19/2026 and given to by 6/22/2026.
The ongoing auditing of new admissions will be conducted within 72 hours of new admission by and staring 7/1/2026.
An educational training conducted by for and prior to 7/1/2026.

Proposed Overall Completion Date: 07/01/2026

Licensee's Proposed Overall Completion Date: *07/01/2026*

Implemented (- 07/22/2026)