pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFICATE OF COMPLIANCE

This certificate is hereby granted to **SMEM 1957 LLC**
LEGAL ENTITY

To operate **SHARON'S PERSONAL CARE HOME**
NAME OF FACILITY OR AGENCY

Located at **1441 BALTIMORE PIKE, HANOVER, PA 17331**
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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 **23**
(MAXIMUM CAPACITY)
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

Restrictions:

This certificate is granted in accordance with the Human Services 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 **November 6, 2026** until **November 6, 2027**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **332390**

ISSUING OFFICER

DEPUTY SECRETARY

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.

HS 628 – 04/23

Pennsylvania
Department of Human Services

EMAILING DATE: NOVEMBER 6, 2026

SMEM 1957 LLC
1441 Baltimore Pike
Hanover, Pennsylvania 17331

RE: Sharon's Personal Care Home
1441 Baltimore Pike
Hanover, Pennsylvania 17331
License #: 322391

Dear SMEM 1957 LLC:

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department) review on September 23, 2026 and September 24, 2026 of the above facility, we have determined that your submitted plan of correction is fully implemented. Correction of these violations in accordance with the specified plan of correction is required. Continued compliance must be maintained.

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-Term Living

Enclosure
<Licensing Inspection Summaries>

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

November 3, 2026

[redacted]
SMEM 1957 LLC
1441 BALTIMORE PIKE
HANOVER, PA, 17331

RE: SHARON'S PERSONAL CARE HOME
1441 BALTIMORE PIKE
HANOVER, PA, 17331
LICENSE/COC#: 33239

Dear [redacted],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 09/23/2026, 09/24/2026 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: *SHARON'S PERSONAL CARE HOME* **License #**: *33239* **License Expiration**: *12/30/2026*

Address: *1441 BALTIMORE PIKE, HANOVER, PA 17331*

County: *YORK* **Region**: *CENTRAL*

Administrator

Name: [redacted]

Legal Entity

Name: *SMEM 1957 LLC*

Address: *1441 BALTIMORE PIKE, HANOVER, PA, 17331*

Phone: [redacted]

Certificate(s) of Occupancy

Type: *C-2 LP* **Date**: *08/28/2001* **Issued By**: *Department of Labor and Industry*

Staffing Hours

Resident Support Staff: *0* **Total Daily Staff**: *15* **Waking Staff**: *11*

Inspection Information

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

Reason: *Provisional* **Exit Conference Date**: *09/24/2026*

Inspection Dates and Department Representative

09/23/2026 - On-Site: [redacted]

09/24/2026 - On-Site: [redacted]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *23* **Residents Served**: *15*

Secured Dementia Care Unit

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

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* **Are 60 Years of Age or Older**: *15*

Diagnosed with Mental Illness: *0* **Diagnosed with Intellectual Disability**: *0*

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

Inspections / Reviews

09/23/2026 - Full

Lead Inspector: [redacted] **Follow-Up Type**: *POC Submission* **Follow-Up Date**: *10/25/2026*

Inspections / Reviews *(continued)*

10/29/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *10/30/2026*

Reviewer: [redacted] **Follow-Up Type:** *Document Submission* **Follow-Up Date:** *11/06/2026*

11/03/2026 - Document Submission

Submitted By: [redacted] **Date Submitted:** *10/30/2026*

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

51 - Criminal Background Check

1. Requirements

2600.
51. Criminal History Checks - Criminal history checks and hiring policies shall be in accordance with the Older Adult Protective Services Act (35 P. S. § § 10225.101—10225.5102) and 6 Pa. Code Chapter 15 (relating to protective services for older adults).

Description of Violation

Staff Member A was hired and began working in the home on [redacted]/26. The home did not request a Pennsylvania State Police Criminal Background check for this staff member until 5/10/26.

Staff Member B was hired and began working in the home on [redacted]/26. The home did not request a Pennsylvania State Police Criminal Background check for this staff member until 8/19/26.

Staff Member C was hire and began working in the home on [redacted]/26. The home did not request a Pennsylvania State Police Criminal Background check for this staff member until 8/31/26.

Plan of Correction ***Accept [redacted] - 10/26/2026)***

In response to the violation on 09/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/19/2026 by the Administrator. Administrator updated the hiring procedure to require, Criminal background checks to be requested before the staff member's first scheduled shift. Verification of the request confirmation email before onboarding or orientation begins. Administrator audited all current staff.

To enhance the currently compliant operations, on 9/23/26 The Administrator was formally educated by the state inspector on the regulatory requirement to ensure that no staff may begin work in the home until the background check request has been submitted and results were received with a completion date of 10/19/26.

Effective 10/19/26 the Administrator will conduct monthly personnel file audits to all new hire staff ensure background checks are requested prior to the first day of employment to maintain ongoing compliance with 2600 51. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *10/22/2026*

Implemented [redacted] - 11/03/2026)

65d - Initial Direct Care Training

2. Requirements

2600.
65.d. Direct care staff persons hired after April 24, 2006, may not provide unsupervised ADL services until completion of the following:

65d - Initial Direct Care Training *(continued)*

2. Successful completion and passing the Department-approved direct care training course and passing of the competency test.

Description of Violation

Staff Member B, hired on [redacted]/26, began providing unsupervised ADL services on 8/18/26. However, Staff Member B did not complete and pass the Department-approved direct care training course and pass the competency test until 8/20/26.

Plan of Correction ***Accept [redacted] - 10/26/2026)***

In response to the violation on 09/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/19/2026 by the Administrator. Administrator updated the hiring and onboarding checklist to require verification of completed direct care training before any unsupervised ADL duties are assigned. Documentation of competency test results prior to scheduling independent shifts. Administrator audited all current staff. Administrator updated the New Hire Staff Training Log with hire date and start date.

To enhance the currently compliant operations, on 9/23/26 The Administrator was formally educated by the state inspector on the regulatory requirement to ensure that no staff may perform unsupervised ADL services until all training and competency requirements are fully met and Direct care staff may not be scheduled independently until training and competency documentation is verified with a completion date of 10/19/26.

Effective 10/19/26 the Administrator will conduct monthly personnel file audits to all new hire staff to maintain ongoing compliance with 2600.65(d). Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *10/22/2026*

Implemented [redacted] - 11/03/2026)

88a - Surfaces

3. Requirements

2600.
88.a. Floors, walls, ceilings, windows, doors and other surfaces must be clean, in good repair and free of hazards.

Description of Violation

On 9/23/26, at 1:45PM, the ceiling in the full bathroom located on the lower level of the home was stained and covered in rust.

Plan of Correction ***Accept [redacted] - 10/26/2026)***

In response to the violation on 09/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/16/2026 by the Administrator who repaired the stained and rust-covered ceiling area which was cleaned, and repainted.

88a - Surfaces (continued)

To enhance the currently compliant operations, on 10/16/2026 the Administrator has implemented a monthly physical plant inspection checklist that includes all ceilings, walls, and bathroom fixtures. Any signs of staining, or rust will be documented and corrected promptly. Staff responsible for environmental checks have been re-educated on reporting maintenance concerns immediately, with a completion date of 10/19/26.

Effective 10/16/26 The Administrator or designee will conduct Monthly walkthroughs of all common areas and bathrooms to ensure the home remains in compliance with 2600.88(a). Findings will be logged and reviewed to ensure timely corrective action and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *10/20/2026*

Implemented [redacted] - 11/03/2026)

107d - Procedure Emergency Management Agency Submission

4. Requirements

2600.
107.d. The written emergency procedures shall be reviewed, updated and submitted annually to the local emergency management agency.

Description of Violation

The home's written emergency procedures have not been reviewed, updated and submitted to the local emergency management agency since December 2024.

Plan of Correction ***Accept [redacted] - 10/26/2026)***

In response to the violation on 09/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/23/2026 by the Administrator to reviewed and updated the home's written emergency procedures, including evacuation routes, shelter-in-place protocols, fire safety procedures, medical emergencies, and communication plans. The updated emergency procedures were submitted to the local emergency management agency on the same date for review and confirmation. Emergency Management Specialist was out of town, facility received Facility Emergency Plan approval letter on 10/15/26

To enhance the currently compliant operations, on 9/23/26 The Administrator was formally educated by the state inspector on the regulatory requirement to ensure that the home's written emergency procedures are reviewed, updated, and submitted to the local emergency management agency on an annual basis. The Administrator acknowledges this requirement and has implemented procedures to ensure timely annual submission moving forward. On 10/19/26 The Administrator has established a formal annual review schedule for all emergency procedures, to occur every October, ensuring updates are completed and submitted to the local emergency management agency as required. A reminder has been added to the facility's administrative calendar and compliance tracking system to prevent future lapses. with a completion date of 10/19/26.

Effective 10/19/26 the Administrator will conduct annual audits of the Emergency Preparedness Binder to verify that: The most recent emergency procedures are present. Submission confirmation from the local emergency management agency is on file to maintain ongoing compliance with 2600 107.D. any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

107d - Procedure Emergency Management Agency Submission *(continued)*

Licensee's Proposed Overall Completion Date: *10/20/2026*

Implemented [redacted] - 11/03/2026)

127a - Portable Space Heaters

5. Requirements

2600.
127.a. Portable space heaters are prohibited.

Description of Violation

On 9/23/26, at 2:02PM, a portable space heater was located in resident room #10.

On 9/24/26, at 10:35AM, 4 portable space heaters were located in a storage shed.

Plan of Correction ***Accept [redacted] - 10/26/2026)***

In response to the violation on 09/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 09/24/2026 by the Administrator to remove all portable space heaters from the premises that were located in room #10 and in the storage shed. Staff were verbally reminded on both dates that portable space heaters are strictly prohibited in resident rooms and anywhere on facility property.

To enhance the currently compliant operations, on 10/19/26 the Administrator implemented a facility wide directive stating that no portable space heaters may be brought into the home, stored on the property, or used by staff or residents. Staff received an education on §2600.127(a), including: The prohibition of portable space heaters. The requirement to immediately report any heater found on the premises, with a completion date of 10/19/26.

Effective 10/19/26 the Administrator will conduct semi-annual Environmental safety checks of all resident rooms, common areas, and storage locations to ensure no prohibited heating devices are present. Any heater found will be removed immediately, and the staff member responsible will receive corrective coaching and to maintain ongoing compliance with 2600 127.A. any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *10/20/2026*

Implemented [redacted] - 11/03/2026)

187b - Date/Time of Medication Admin.

6. 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 Neurotin 300mg with orders to take 1 capsule by mouth at 2:00PM and 8:00PM daily. On 9/23/26, at 1:50PM, Staff Member E initialed Resident #1's Medication Administration Record (MAR) before administering Neurotin to Resident #1.

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

Repeated Violation - 4/30/26

Plan of Correction ***Accept [redacted] - 10/26/2026)***

In response to the violation on 09/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 9/23/26 by the Administrator who immediately counseled Staff Member E regarding the requirement to initial the MAR only after the medication has been administered.

To enhance the currently compliant operations, on 10/19/26 All staff were retrained on proper MAR documentation procedures, including: Initialing only after the medication is administered. Following the 15 Steps of Medication Administration. Understanding the risks associated with pre documentation with a completion date of 10/19/26

.

Effective 10/19/26, the Administrator will conduct monthly MAR audits to ensure documentation is completed correctly and at the appropriate time. Any discrepancies found will be corrected immediately, and the staff member involved will receive additional coaching to maintain ongoing compliance with 2600 187.b. All deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *10/20/2026*

Implemented [redacted] /03/2026)

190c - Record of Training

7. 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 2026 Annual Praticum Summary and Requalification form for Staff Member F does not include the following information:

- *the original qualification date*
- *the completion date*
- *the dates for the two medication administration observation dates*

The form was also signed by the student and the trainer on 2/3/26, when there were medication record reviews completed after this date, on 5/6/26 and on 8/4/26.

Repeated Violation - 4/30/26

Plan of Correction ***Accept [redacted] - 10/26/2026)***

In response to the violation on 09/23/2026 by the Pennsylvania Bureau of Human Service Licensing, immediate action was taken on 10/19/2026 by the Administrator conducted an audit of current employee practicum and requalification records to identify and correct documentation deficiencies. The Annual Practicum Summary and Requalification Form for Staff Member F was updated to include all required information and dates in accordance with regulatory requirements.

190c - Record of Training (continued)

To enhance the currently compliant operations, on 9/23/26 The Administrator was formally educated by the state inspector on the regulatory requirement for Annual Praticum Summary and Requalification form. The Administrator audited all current employee records because they were incorrect. The Administrator will review all Annual Practicum Summary and Requalification forms prior to filing to ensure dates are accurate, documentation is complete, and records remain compliant with regulatory requirements. Ongoing monitoring will be conducted during annual requalification reviews to prevent recurrence. with a completion date of 10/19/26.

Effective 10/19/26 the administrator will perform monthly audits. The Administrator will make sure documentation is compliant with regulations. The steps include reviewing each form for all required dates before it is signed and signing only after all reviews are complete to maintain ongoing compliance with 2600 190.C. Any deficiencies will be corrected immediately, and findings will be documented and reviewed internally for continuous improvement purposes.

Licensee's Proposed Overall Completion Date: *10/22/2026*

Implemented [redacted] - 11/03/2026)