



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: May 10, 2024

██████████ Administrator
Reformed Presbyterian Women's Association
2344 Perrysville Avenue
Pittsburgh, Pennsylvania 15214

RE: Reformed Presbyterian Home
License #: 429661

Dear ██████████

On April 23, 2024, the Department of Human Services, Bureau of Human Services Licensing, issued a notice of its intent to assess a fine for regulatory violations with 55 Pa. Code Ch. 2600 (relating to Personal Care Homes) for the above Personal Care Home

Pursuant to 62 P.S. § 1085-1087 and 55 Pa. Code § Ch. 2600.261-268 (relating to enforcement), the Department hereby assesses a fine for the following uncorrected violations:

55 Pa. Code Chapter 2600	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Date of Initial Fine Assessment
<u>Section:</u>					
184a	II	29	\$5	\$145	5 calendar days from mailing date of this letter
187a	II	29	\$5	\$145	5 calendar days from mailing date of this letter

Total Fine Assessment from April 24, 2024 to May 2, 2024 equals \$2610.

The enclosed Personal Care Home Invoice for Reformed Presbyterian Home specifies the total amount of the fines due for the period following the Department's notice of intent to assess a fine. The invoice is payable within 30 days from the mailing date of this letter. The fines will continue to accumulate and will be recalculated at the end of each month until all violations are fully corrected. You must notify the Department's Regional Human Services Licensing office in writing as soon as each violation is fully corrected and submit written documentation of each correction. Even if you pay the full amount of this invoice, fines will continue to accumulate for each

violation until you have provided written notice of full correction and the Department has verified that the violations are fully corrected.

If you disagree with the decision to assess a fine, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa. Code Part II, Chapters 31-35 and 62 P.S. §1086(f). If you decide to appeal, a written request for an appeal with a check or money order made payable to the "Commonwealth of Pennsylvania" for the total monthly fine amount or \$500, whichever is less, must be received within 30 days of the mailing date of this letter by:

[REDACTED]
Bureau of Human Services Licensing
Department of Human Services
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
[REDACTED]

You can also pay by using SNAP PAY at
<https://www.bpp.ob.pa.gov/Customer/PaymentForm>

This decision to assess a fine is final 31 days from the date of this letter, or if you decide to appeal, upon issuance of a decision by the Bureau of Hearings and Appeals.

If you have any questions regarding this invoice please contact Lestia Fetzner, Enforcement Manager, Human Services Licensing, at 717-265-8942.

Sincerely,



Theresa Hartman
Director

Enclosure
Personal Care Home Invoice

bcc: [REDACTED]

Personal Care Home Invoice

PA Department of Human Services
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, Pennsylvania 17120
Phone: 717-783-3670 Fax: 717-783-5662

Assessment #: SW000524

Invoice Date: 5/10/2024

Due Date: 6/9/2024

License Number: 42966

Bill To:

Reformed Presbyterian Women's Association
2344 Perrysville Avenue
Pittsburgh, Pennsylvania 15214

Re: Reformed Presbyterian Home
2344 Perrysville Avenue
Pittsburgh, PA 15214

Contact Name

Fine/Appeal	Description - 55 Pa.Code § 2600	From:	To:	Fine Imposed
Class II	184a	4/24/2024	5/2/2024	\$1,305.00
Class II	187a	4/24/2024	5/2/2024	\$1,305.00

Personal Care Home Invoice

Invoice Total	\$2,610.00
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Please remit this portion with payment to ensure proper credit

Reformed Presbyterian Women's Association
2344 Perrysville Avenue
Pittsburgh, Pennsylvania 15214

Assessment #: SW000524

Invoice Date: 5/10/2024

Due Date: 6/9/2024

Re: Reformed Presbyterian Home
2344 Perrysville Avenue
Pittsburgh, PA 15214

License Number: 42966

Please make checks payable to:
Commonwealth of Pennsylvania
Bureau of Human Services Licensing
Room 631, Health and Welfare Building
625 Forster Street
Harrisburg, PA 17120

Total Due \$2,610.00

Payment Enclosed

You can also pay by using SNAP PAY at <https://www.bpp.ob.pa.gov/Customer/PaymentForm>