



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 2, 2024

[REDACTED], Administrator
KJ Bethel Park LLC
2000 Cool Springs Drive
Pittsburgh, Pennsylvania 15234

RE: The Sheridan at Bethel Park
License/COC #: 449482

Dear [REDACTED]:

On 6/5/24, the Department of Human Services 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 §§ 2600.261-268 (relating to enforcement), the Department hereby assesses a fine for the following uncorrected violations.

55 Pa.Code Chapter 2600 Section no.	Class of Violation	Census at Inspection X	Fine Per resident Per day	Calculated Fine = Per day	Initial Fine Assessment
183d	II	108	\$5.00	\$540.00	\$10,260
184a	II	108	\$5.00	\$540.00	\$10,260
187d	II	108	\$5.00	\$540.00	\$10,260
225a	II	108	\$5.00	\$540.00	\$10,260
227g	II	108	\$5.00	\$540.00	\$10,260

Total Fine Assessment for 6/6/24 – 6/24/24 = \$51,300

The enclosed Invoice for Personal Care Home Fine specifies the total amount of the fines 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, Chs. 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

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 Amy Duncan, Enforcement Manager, Human Services Licensing, at 412-789-9487.

Sincerely,



Theresa Hartman
Director

Enclosure
Personal Care Home Fine Invoice

bc: [REDACTED]

Personal Care Homes 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 #: SW000724

Invoice Date: 7/26/2024

Due Date: 8/25/2024

License Number: 44948

Bill To:

KJ Bethel Park LLC
2000 Cool Springs Drive
Pittsburgh, PA 15234

Re: The Sheridan at Bethel Park
2000 Cool Springs Drive
Pittsburgh, PA 15234

Contact Name

Fine/Appeal	Description - 55 Pa.Code § 2600	From:	To:	Fine Imposed
Class II	183d	6/6/2024	6/24/2024	\$10,260.00
Class II	184a	6/6/2024	6/24/2024	\$10,260.00
Class II	187d	6/6/2024	6/24/2024	\$10,260.00
Class II	225a	6/6/2024	6/24/2024	\$10,260.00
Class II	227g	6/6/2024	6/24/2024	\$10,260.00

Personal Care Homes Invoice

Invoice Total	\$51,300.00
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Please remit this portion with payment to ensure proper credit

KJ Bethel Park LLC
2000 Cool Springs Drive
Pittsburgh, PA 15234

Assessment #: SW000724

Invoice Date: 7/26/2024

Due Date: 8/25/2024

Re: The Sheridan at Bethel Park
2000 Cool Springs Drive
Pittsburgh, PA 15234

License Number: 44948

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 \$51,300.00

Payment Enclosed

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