



CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: 11/22/24

██████████, Secretary
EP OPCO Lakemont Farms LLC
██
████████████████████

RE: Celebration Villa of Lakemont Farms
3275 Washington Pike
Bridgeville PA 15017
License #: 450811

Dear ██████████:

On 11/5/24, the Department of Human Services (Department) 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
42(b)	II	77	\$5	\$385	\$3,465

Total Fine Assessment for period 11/6/2024 through 11/14/2024 = \$3,465

The enclosed Invoice for Celebration Villa of Lakemont Farms 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 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

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 [REDACTED] Enforcement Manager, at [REDACTED].

Sincerely,



Theresa Hartman
Director

Enclosure
Personal Care Home Fine Invoice

bcc: Brent Sutherland, Regional Director, Bureau of Human Services Licensing
Amy Duncan, Enforcement Manager, Bureau of Human Services Licensing

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 #: SW001724

Invoice Date: 11/22/2024

Due Date: 12/22/2024

License Number: 45081

Bill To:

EC OPCO Lakemont Farms LLC
[REDACTED]
[REDACTED]

Re: Celebration Villa of Lakemont Farms
3275 Washington Pike
Bridgeville, PA 15017

Contact Name [REDACTED]

Fine/Appeal	Description - 55 Pa.Code § 2600	From:	To:	Fine Imposed
Class II	42b	11/6/2024	11/14/2024	\$3,465.00

Invoice Total \$3,465.00

Please remit this portion with payment to ensure proper credit

EC OPCO Lakemont Farms LLC
[REDACTED]
[REDACTED]

Assessment #: SW001724

Invoice Date: 11/22/2024

Due Date: 12/22/2024

Re: Celebration Villa of Lakemont Farms
3275 Washington Pike
Bridgeville, PA 15017

License Number: 45081

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 \$3,465.00

Payment Enclosed

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