Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: August 1, 2025

[redacted] President
EC OPCO York LLC
[redacted]

RE: Celebration Villa of York
2405 Knob Hill Road
York PA 17403
License #: 334981

Dear [redacted]

On July 18, 2025, 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
187b	II	45		$5		$225	$1,125

Total Fine Assessment for period July 19, 2025 through July 23, 2025 = $1,125.

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 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], Workload Manager
Pennsylvania Department of Human Services
Bureau of Human Services Licensing
Forum Place, 6th Floor
PO Box 2675
Harrisburg, Pennsylvania 17105-2675
[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 Amy Duncan, Enforcement Manager, Bureau of Human Services Licensing, at 412-789-9487.

Sincerely,

Theresa Hartman

Theresa Hartman
Director

Enclosure
Personal Care Home Fine Invoice

bcc: [redacted]

Personal Care Home Invoice

PA Department of Human Services
Bureau of Human Services Licensing
Forum Place - 6th Floor
PO Box 2675
Harrisburg, Pennsylvania 17105-2675
Phone: 717-783-3670 Fax: 717-783-5662

Assessment #: C000625
Invoice Date: 8/1/2025
Due Date: 8/31/2025
License Number: 33498

Bill To:

EC OPCO York LLC
[redacted]

Re: Celebration Villa of York
2405 Knob Hill Road
York, PA 17403

Contact Name Christian N. Cummings

Fine/Appeal	Description - 55 Pa.Code § 2600	From:	To:	Fine Imposed
Class II	183b	7/19/2025	7/23/2025	$1,125.00

Invoice Total **$1,125.00**

Please remit this portion with payment to ensure proper credit

EC OPCO York LLC
[redacted]

Assessment #: C000625
Invoice Date: 8/1/2025
Due Date: 8/31/2025
License Number: 33498

Re: Celebration Villa of York
2405 Knob Hill Road
York, PA 17403

Please make checks payable to:
Commonwealth of Pennsylvania
Bureau of Human Services Licensing
Forum Place - 6th Floor
PO Box 2675
Harrisburg, PA 17105-2675

Total Due **$1,125.00**

Payment Enclosed

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

BHSL FINES & APPEALS Online payments – please follow the below instructions.
https://www.bpp.ob.pa.gov/Customer - review this page

Then follow this section to make the payment

click this link to go directly to the payment page

To make a payment for **any other Commonwealth of PA Service, Fee or Program** you can:

- Review **"How to make a payment for a Commonwealth of PA Service, Fee or Program (Revenue or Refund of Expenditure)"**
- **Make a payment** by searching the list of agencies and agency programs and then providing your personal and payment information to initiate payment; or, if you can't find the program you want to make a payment to
- Contact the agency providing the service, collecting the fee or administering to the program to request the ability to make electronic payment via this site…Please refer your contact at the agency to the OB Payment Center at RA-OBACCTSRECEIVABLE@pa.gov.

When on the payment page,

Agency – Select Human Services from the drop-down box

Program ID – **002 – APPEALS/FINES PAYMENTS**

Amount – Type in the amount of the FINES/APPEALS fee payment (do not type in the $ sign)

Payment Reference – Type in the **INVOICE/ASSESSMENT number for Fines** or the License/**Certificate of Compliance number for Appeals.** (If this number is not entered, your account will not be updated and credited.) ***The payment slip does not have to be returned since the payment reference can be identified.***

See screenshot below

tForm

PA.GOV

PORTAL SERVICES CONTACT

First Name*

Last Name*

Address*

City*

Country*

UNITED STATES

State*

Zip*

Email

EMAIL REQUIRED FOR CONTACT OF PAYMENT ERRORS OR PROBLEMS

(Required to receive a receipt for payment)

Agency

Human Services

Program ID

Please select a program

- Please select a program
- 104-BFO COUNTY REFUNDS ID #1-10255
- 298-OHMSAS MCO ASSESSEMENT
- 324-OIM SSA GRANT AGREEMENT REFUND OF EXPENDITURES
- 001-ODP OMHSAS LICENSING FEES
- 002-BHSL – APPEAL FINES PAYMENTS
- 003-BHSL – CH 2800 ASSISTED LIVING RESIDENCES (ALR) LI
- 362-BHSL – CH 2600 PERSONAL CARE HOMES (PCH) LICENSING

Amount

TYPE IN CORRECT PAYMENT AMOUNT

Payment Reference

INVOICE/ASSESSMENT # FOR FINES PAYMENT

LICENSE/CERTIFICATE # FOR APPEAL PAYMENT

SAP Vendor Number

(Leave blank if unknown)

Total Amount

Payment Method

- ACH
- Credit Card

Make Payment