Pennsylvania
Department of Human Services

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: October 31, 2025

[redacted] Executive Vice President
914 W Market Street Operating Company LLC
[redacted]

RE: Autumn House of York
914 West Market Street
York, PA 17401
License/COC #: 338221

Dear [redacted]

On September 24, 2025, 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 Section:	Class of Violation	Census at Inspection	Fine Per resident X Per day	Calculated Fine = Per day	Date of Initial Fine Assessment
187d	III	86	$3	$258	9/24/2025

Total Fine Assessment from 9/25/25 to 10/9/25 equals $3,870.

The enclosed Personal Care Home Invoice for Autumn House of York 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
Forum Place, 6th Floor
P O Box 2675
Harrisburg, Pennsylvania 17105-2675

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 [redacted] Enforcement Manager, Human Services Licensing, at [redacted]

Sincerely,
Theresa Hartman

Theresa Hartman
Director

Enclosure
Personal Care Home Invoice
Electronic Payment Instructions

bc: [redacted]

Personal Care Homes 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 #: C000925
Invoice Date: 10/31/2025
Due Date: 11/30/2025
License Number: 33822

Bill To:

914 W Market Street Operating Company LLC
[redacted]

Re: Autumn House of York
914 West Market Street
York, PA 17401

Contact Name

Fine/Appeal	Description - 55 Pa.Code § 2600	From:	To:	Fine Imposed
Class III	187d	9/25/2025	10/9/2025	$3,870.00

Invoice Total **$3,870.00**

Please remit this portion with payment to ensure proper credit

914 W Market Street Operating Company LLC
[redacted]

Assessment #: C000925
Invoice Date: 10/31/2025
Due Date: 11/30/2025
License Number: 33822

Re: Autumn House of York
914 West Market Street
York, PA 17401

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 **$3,870.00**

Payment Enclosed

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

PERSONAL CARE HOME – CHAPTER 2600 -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 for Human Services and then providing your personal and payment information to initiate payment;

When on the payment page,

Agency – Select Human Services from the drop-down box

Program ID – 362 – BHSL - CH 2600 PERSONAL CARE HOME (PCH) LICENSING

Be sure you are making a payment for a Personal Care Home and NOT an Assisted Living Residence (CH2800)

Amount – Type in the amount of the application fee (do not type in $ sign) example 20.00

For a Personal Care Home, the only denominations in this field will be the following denominations depending on the number of licensed beds.

4-20 beds = $15.00
21-50 beds = $20.00
51-100 beds = $30.00
101 + beds = $50.00

Payment Reference – Type in the license/Certificate of Compliance number (If this number is not entered, your account will not be updated and your license/Certificate of Compliance will not be issued.)

See screenshot below

Form

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

LICENSE/CERTIFICATE #

SAP Vendor Number

(Leave blank if unknown)

Total Amount

Payment Method

ACH

Credit Card

Make Payment