



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: MAY 22 2015

Mr. Frank Minelli, Owner
Angels Family Manor Personal Care Home, Inc.
218 North Main Avenue
Scranton, Pennsylvania 18504

RE: Angel's Family Manor Personal Care Home
License #: 210622

Dear Mr. Minelli:

On April 22, 2015, 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 | Fine Per resident X Per day | Calculated Fine = Per day | Initial Fine Assessment |
|-------------------------------------|--------------------|----------------------|-----------------------------|---------------------------|-------------------------|
| 187a | II | 53 | \$5 | \$265 | \$4,240 |
| 187d | II | 53 | \$5 | \$265 | \$4,240 |

Total Fine Assessment for period April 23, 2015 through May 8, 2015 = \$8,480.

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.

Mr. Frank Minelli

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In accordance with §2600.268 (relating to notice of violations), the personal care home administrator shall immediately post this written notice in a conspicuous and public place in the home, if this notice includes a Class I violation.

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:

Jacob Herzing, Enforcement Manager
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 Kevin Brumbach, Human Services Licensing, at 717-783-3670.

Sincerely,

A handwritten signature in black ink, appearing to read "Matthew J. Jones", with a long horizontal flourish extending to the right.

Matthew J. Jones
Director

Enclosure

Personal Care Home Fine Invoice

Personal Care Home Invoice

PA Department of Human Services
 Bureau of Human Services Licensing
 Room 631 Health and Welfare Building
 625 Forster Street
 Harrisburg, PA 17120
 Phone: 717-783-3670
 Fax: 717-772-2501

Assessment #: N00025

Invoice Date: MAY 22 2015

Bill To:

Angel's Family Manor, Inc.
 218 North Main Street
 Scranton, PA 18504

Re: Angel's Family Manor, Inc.
 218 North Main Street
 Scranton, PA 18504

Contact Name Frank Minelli

License Number 21062

| Fine/Appeal | Description - 55 Pa.Code § 2600. | From: | To: | Fine Imposed | Line Total |
|----------------------|---|--------------|------------|---------------------|-------------------|
| Class II | 187a | 4/23/2015 | 5/8/2015 | \$4,240.00 | \$4,240.00 |
| Class II | 187d | 4/23/2015 | 5/8/2015 | \$4,240.00 | \$4,240.00 |
| Invoice Total | | | | | \$8,480.00 |

Please remit this portion with payment to ensure proper credit

Angel's Family Manor, Inc.
 218 North Main Street
 Scranton, PA 18504

Assessment #: N00025

Re: Angel's Family Manor, Inc.
 218 North Main Street
 Scranton, PA 18504

Please make checks payable to:
Commonwealth of Pennsylvania

Remit to:

**Bureau of Human Services Licensing
 Room 631 Health and Welfare Building
 625 Forster Street
 Harrisburg, PA 17120
 Attn: Kevin Brumbach**

Total Due \$8,480.00

Payment Enclosed

cc: file - Open Fines