



**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE:**

Mr. Adam Devlin, President/Owner  
Tri-County Respite Inc.  
5201 St. Joseph Road, P.O. Box 1001  
Limeport, Pennsylvania 18060

**DEC 11 2017**

RE: Mt. Trexler Manor  
License #: 216631

Dear Mr. Devlin:

On October 23, 2017, 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
187a	II	64	\$5	\$320	\$8,960
187c	II	64	\$5	\$320	\$8,960
187d	II	64	\$5	\$320	\$8,960

Total Fine Assessment for period October 24, 2017 through November 20, 2017 = \$26,880

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. Adam Devlin

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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.

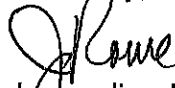
If you disagree with the decision to assess a fine, you have the right to appeal through hearing before the Bureau of Hearings and Appeals, Department of Human Services in accordance with 1 Pa.Code Part II, Chs. 31-35 and 62 P.S. §1086(f). If you decide to appeal, a written request for an appeal with 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:

Jill Kachmar, Acting Fines 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 Jill Kachmar Human Services Licensing, at 717-425-5349.

Sincerely,



Jacqueline L. Rowe  
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, Pennsylvania 17120  
 Phone: 717-783-3670 Fax: 717-783-5662

**Assessment #:** N0087

**Invoice Date:**

DEC 11 2017

**Bill To:**

Tri County Respite Inc.  
 5201 St. Joseph Road  
 P.O. Box 1001  
 Limeport, PA 18060

Re: Mt Trexler Manor  
 5201 St. Joseph Road  
 P.O. Box 1001  
 Limeport, PA 18060

**Contact Name** Adam Devlin, President/Owner

**License Number** 216630

Fine/Appeal	Description - 55 Pa.Code § 2600	From:	To:	Fine Imposed	Line Total
Class II	187a	10/24/2017	11/20/2017	\$8,960.00	\$8,960.00
Class II	187c	10/24/2017	11/20/2017	\$8,960.00	\$8,960.00
Class II	187d	10/24/2017	11/20/2017	\$8,960.00	\$8,960.00
<b>Invoice Total</b>				<b>\$26,880.00</b>	

Please remit this portion with payment to ensure proper credit

Tri County Respite Inc.  
 5201 St. Joseph Road  
 P.O. Box 1001  
 Limeport, PA 18060

**Assessment #:** N0087

Re: Mt Trexler Manor  
 5201 St. Joseph Road  
 P.O. Box 1001  
 Limeport, PA 18060

**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 \$26,880.00

Payment Enclosed

cc: file - Open Fines