

*An Innovative Home Care Company*

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2017 MAY 15 AM 11:34  
PA PUC  
SECRETARY'S BUREAU

Pampering Plus, Inc  
Pampering Plus Nurse Aide Institute  
1522 Old York Rd.  
Abington, PA 19001  
Office 215.881.8902  
Fax 215.881.8912  
www.pamperingplus.com

May 10, 2017

Commonwealth of Pa  
Pa Public Utility Commission  
P. O. Box 3265  
Harrisburg, Pa 17105-3265

To Whom It May Concern,

Enclosed please find the Verified Statement of Applicant and Verified Statements in Support of the Application per your request. Please note these documents were also faxed on 4/28/17 and have enclosed the fax confirmation as well. Should you need anything additional please don't hesitate to give me a call.

Best regards,

  
Jocelyn Mayo  
CEO

Pampering Plus Inc.

A-2016-2580001  
JS

\*\*\*\*\*  
\*\*\* FAX TX REPORT \*\*\*  
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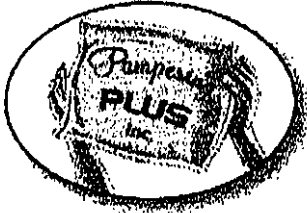
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TRANSMISSION OK

2017 MAY 15 AM 11:34

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DESTINATION ADDRESS 1717787  
SUBADDRESS  
DESTINATION ID  
ST. TIME 04/28 15:04  
TX/RX TIME 01'42  
PGS. 10  
RESULT OK

PA PUC  
SECRETARY'S BUREAU



An Innovative Homecare Company

Pampering Plus Inc.  
1522 Old York Rd.  
Abington, PA 19001  
215-881-8902 Office  
215-881-8912 Fax

**FAX**

<b>To:</b> Whom It May Concern	<b>From:</b> Stacey Coleman, Admin Asst
<b>Fax:</b> 717-787-3114	<b>Pages:</b> 10 Pages
<b>Phone:</b>	<b>Date:</b> 4/28/17
<b>Re:</b> A-2016-2580001	<b>CC:</b>

Thanks In Advance,

Stacey Coleman  
Administrative Assistant  
Pampering Plus Inc.  
[scoleman@pamperingplus.com](mailto:scoleman@pamperingplus.com)  
(215) 881-8902 - p  
(215) 881-8912 - f

# VERIFIED STATEMENT OF APPLICANT

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

**RECEIVED**

MAY 15 2017

A-2016-258001

PUC Application Docket No.

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

Pampering Plus Inc

Legal Name of Applicant

Trade Name, if any

1522 Old Line rd Abingdon Pa 19001

Street Address (principal place of business)

City or Municipality

State

Zip Code

This document is a business plan, or your proposal for providing the transportation service for which you are making application. Prior to deciding to make application for operating authority from the Public Utility Commission, you likely gave much consideration to the manner in which you would operate the business in order that you could provide satisfactory service to your customers and so that you could make a reasonable profit. As part of the application process, you must provide the Commission with your proposal to provide the transportation service.

You are encouraged to provide as much information as possible to fully explain your plan. If you fail to provide sufficient information about the subjects listed below, it may cause the review of your application to be delayed until you provide the necessary information. If you need more space to provide your explanation, please attach additional pages that list the appropriate item by number.

1. Identify the person providing the information by giving your name and indicate whether you are the owner, employee, officer, or attorney for the applicant.

Joelyn Mayo, Owner

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

NO other affiliation

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. An explanation of education or training that you believe may be relevant may also be included.

Pampering Plus Inc is a licensed Home Health Care Agency in operation since 2004. Pampering Plus Inc presently has approx. 100 employees who care for individuals daily in their home. as part of their care these individuals often times need to be transported to various appointments.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to include the office area, office machines that will be utilized, and the facility to house vehicles. Household goods in use carriers should include a description of their storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers. Finally, please state your intended business hours.

Pampering Plus Inc is located @  
1522 Old York Rd Abington, Pa 19001.  
The building has 7 offices and a parking  
lot that can fit @ least 10 vehicles.  
Our office is open Mon-Fri 9AM-5PM with  
a live person on-call answering calls after office  
hours. Pampering Plus Inc attends to use it current

5. Please state the number of employees you intend to use, along with a description of their duties. Please explain why that number of employees is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. (Do not address drivers in your explanation about this item; drivers are addressed separately in item # 6).

2 part-time drivers initially

customers  
and participate  
in the  
warranty  
program  
or  
referrals

6. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the geographical territory you will be serving. In addition, please explain:

- Your hiring standards for drivers;
- Your system to ensure prospective drivers will be subject to a criminal background check;
- Your driver training program;
- Your system for ensuring that your drivers are properly licensed at all times;
- Your system to ensure that all drivers will be subject to a criminal background check every two years;
- Your policies regarding alcohol and drug use by your drivers.

person  
see  
attached

## **Pampering Plus Inc.**

**Hiring Standards-** Must be at least 18 years or older

- Have a valid driver's license for at least 1 year.
- Prior experience transporting patient's/ residents for a hospital or nursing home is preferred
- Must be able to operate an automobile
- Must have a valid unencumbered driver's license in the state of PA (no motor vehicle violations including, but not limited to, Driving under the Influence or other related charges) **NO Traffic convictions. NO At-fault accidents**
- Must pass drug screening and criminal background
- All drivers must be CPR trained
- An employee Will not qualify for a company vehicle if, during the last 36 months, the driver had any of the following experiences:
  - - Been convicted of a felony. Been convicted of sale, handling or use of drugs, has automobile insurance canceled, declined or not renewed by a company, been convicted of an alcohol- or drug-related offense while driving, had driver's license suspended or revoked, been convicted of three or more speeding violations or one or more other serious violations, been involved in three or more chargeable accidents.

**Criminal Checks** – Upon hiring a Pa state police criminal background check will be completed.

### **Driver Training Program**

- Follow proper protocol in the event of an accident or incident (provided upon training)
- Drivers Safety Training (video) followed by test (must pass to upon hire )
- Mandated Reporting
- Emergency procedures : (Use Flares or reflectors, cell phone use in event of emergency)
- Have a system and a means of communication available to drivers during transport.
- CPR/first aid requirements for drivers
- Annual License checks
- Biannual Criminal checks

**Drug and Alcohol Use - No drugs/alcohol use policy enforced.** All employees' are required to submit and pass a comprehensive drug screen testing. Any employee in violation of this policy is subject to immediate termination

7. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the geographical territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below. Taxicabs may not be used if the vehicle's age is greater than ten model years in age or the vehicle's mileage greater than 350,000. Limousines may not be used if the vehicle's mileage is greater than 350,000 miles.

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Mileage</u>	<u>Seating Capacity</u>	<u>Vehicle ID#</u>
<i>To be determined</i>					

8. Describe your vehicle safety program. Please include the following in your explanation:
- Your periodic vehicle maintenance plan;
  - Your system for ensuring your vehicles will continuously comply with Pennsylvania's equipment standards (67 Pa. Code, Chapter 175) that are applicable to the type of vehicles used in your business;
  - Your system for ensuring your vehicles will maintain compliance with the PUC's requirements for passenger service at 52 Pa. Code, Section 29.403 (applicable to passenger applicants only);
  - If applying for taxi authority, your system for replacing vehicles once they are greater than ten model years in age or with mileage greater than 350,000 in compliance with 52 Pa. Code, Section 29.314(c);
  - If applying for limousine authority, your system for replacing vehicles once have mileage greater than 350,000 in compliance with 52 Pa. Code, Section 29.333(d);
  - If applying for household goods in use authority, your system for ensuring your vehicles will comply with the requirements of 49 CFR Parts 393 and 396, as adopted by the PUC at 52 Pa. Code, Chapter 37.

*Plus see attached*

9. Please explain what steps you have taken to determine if you can obtain and pay the premiums to maintain insurance coverage for the proposed number of vehicles for your business.

*The PUC licensed vehicles will operate under a state licensed home health care company that has been in business since 2004*

10. Please describe your customer service standards. Within your description, please explain:
- Your plan to inform customers of the procedures for filing complaints with the PUC;
  - Your intended customer complaint resolution procedure.

*see attached*

### **Maintenance Plan**

Authorized drivers are required to properly maintain their company vehicles at all times. Vehicles should not be operated with any defect that would inhibit safe operation during current and foreseeable weather and lighting conditions. Preventive maintenance such as, but not limited to regular oil changes, lubrication, tire pressure, tire replacement, brake pad & rotor replacement and fluid checks determine to a large extent whether you will have a reliable, safe vehicle to drive and support work activities. Preventive maintenance on company vehicles will be performed as required in the owner's manual, performed by a certified dealer.

### **Customer Service Standards**

Upon accepting a customer the customer will be notified of Pampering Plus Inc. Company policies and procedures including the process of filing a complaint with the PUC. If a customer has a complaint they have the right to follow our grievance process by notifying the Operations Manager at Pampering Plus Inc. If the matter is not resolved at that level the complaint may be escalated to the CEO of Pampering Plus Inc. Finally if the matter is not resolved the customer may call the PUC for resolution.

11. Criminal Record. Has the applicant\* been convicted of a misdemeanor or felony for which applicant remains subject to supervision by a court or correctional institution? YES \_\_\_ NO

*\*If applicant is a partnership, limited partnership, limited liability partnership, limited liability company, or corporation, this question applies to all partners, members, shareholders and corporate officers. In the event that the answer is yes for one of those individuals, a separate page identifying the individual and stating relevant information should be attached.*

12. Financial Data. In addition to demonstrating your technical fitness, you must also demonstrate that you possess the financial fitness to provide the proposed transportation service. You may use the "Statement of Financial Position" which follows this page or supply a balance sheet prepared by an accountant. You need only provide the applicable information. Please feel free to also provide clarification information with your "Statement of Financial Position", which explains why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner. **PLEASE NOTE: COMMISSION REGULATIONS REQUIRE THAT PARTNERSHIPS, LIMITED PARTNERSHIPS, LIMITED LIABILITY PARTNERSHIPS, LIMITED LIABILITY COMPANIES, AND CORPORATIONS MUST FILE A CURRENT INCOME STATEMENT.**

Statement of Financial Position (Balance Sheet)  
As of (date) 4/11/17

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ASSETS

Current Assets

Cash

\$ 209,941.00

Other Current Assets (specify) \_\_\_\_\_

Other Assets

Motor Vehicle Equipment

0

Building and Structures

\$ 600,000

Office Equipment

\* 50,000

Investments and Funds (specify) \_\_\_\_\_

0

TOTAL ASSETS

\$ 859,941

LIABILITIES

Current Liabilities (Due within one year of date)

Long Term Liabilities (Due after one year of date)

TOTAL LIABILITIES

\$ 198,867.22

NET WORTH / OWNER'S EQUITY (Subtract total liabilities from total assets)

\$ 661,074

**Verification of Statement**

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.

(Signature)

BOBEN MAYO, CEO  
(Name and Title, printed or typed)

(Date)

3/20/17

\_\_\_\_\_

## SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Vyryan Harris  
Name of Supporter

---

1108 Sharpnack st      Phila      Pa      19150  
Street Address      City or Municipality      State      Zip Code

---

Pampering Plus Inc.  
Name of Applicant

- Describe the type of transportation service needed. *motor vehicle transport in vehicles seating between 11 and 15 passengers including the driver*
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. *Individual private locations in Phila, Bucks, Montgomery, Delaware Counties going to adult daycare centers, MD appointments, shopping etc.*
- How frequently is this service needed? Example: Is it on a daily, weekly, or monthly basis?  
*Daily*
- Are there others in your area who provide this service, and if so, why do you prefer not to use them?  
*yes - NOT interested*
- Have you supported similar applications in the past? If so, who was the applicant?  
*NO*

## VERIFICATION OF STATEMENT

The undersigned deposes and says that he/she is the person who signed the Statement for the above-captioned applicant/application and that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief.

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*Vyryan Harris*  
(Signature of Supporter)

---

Vyryan Harris  
(Supporter's Name, printed or typed)

4/11/17  
(Date)

**RECEIVED**

MAY 15 2017

PA PUBLIC UTILITY COMMISSION  
SECRETARY'S BUREAU

## SUPPORTING STATEMENT FOR THE APPLICATION

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THAT THERE IS A NEED FOR THE APPLICANT'S SERVICES. STATEMENT SHOULD BE TYPED OR PRINTED.

Shen Abdullah

Name of Supporter

4015 Greensway

Street Address

Collegerille Pa

City or Municipality

Pa

State

19426

Zip Code

Pampering Plus Inc.

Name of Applicant

- Describe the type of transportation service needed. motor vehicle transport in vehicles seating between 11 and 15 passengers including the driver
- What will be the usual origin and destination? Please give specific locations, such as names of cities, boroughs, or townships. Individual private locations in Phila, Bucks, Montgomery, Delaware Counties going to Adult Daycare Centers, MD appointments, shopping etc.
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Daily
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Shen Abdullah

(Signature of Supporter)

Shen Abdullah

(Supporter's Name, printed or typed)

4/11/17

(Date)

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SECRETARY'S BUREAU

PPI  
1522 Old Lynx rd  
Abington Pa 19001



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