



COMMONWEALTH OF PENNSYLVANIA
PENNSYLVANIA PUBLIC UTILITY COMMISSION
COMMONWEALTH KEYSTONE BUILDING
400 NORTH STREET
HARRISBURG, PENNSYLVANIA 17120
<http://www.puc.pa.gov>

November 16, 2022

Docket No. A-2022-3036719

**BELLO NURSES LLC
4240 ELMERTON AVE
HARRISBURG PA 17109**

RE: Application of Bello Nurses, LLC, 4240 Elmerton Ave., Harrisburg, Dauphin County, PA 17109. 717-540-1700

To Whom It May Concern:

On November 9, 2022, the applicant of BELLO NURSES, LLC, was accepted by the Commission; however, multiple issues must be addressed before publication to the Pennsylvania Bulletin may proceed. Please review page three of this correspondence for additional information and respond appropriately.

Please forward the information to the Secretary of the Commission **within ten (10) working days** from the date of this letter. **Currently, the only acceptable means of filing your response is through the Commission's e-file system. Information is available at the following link to efile:**
<https://www.puc.state.pa.us/efiling/default>

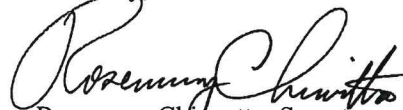
Your answers should be verified per 52 Pa Code § 1.36. Accordingly, you must provide the following statement with your responses:

I, Vincent Bello, hereby state that the facts above set forth are true and correct to the best of my knowledge, information and belief, and that I expect to be able to prove the same at a hearing held in this matter. I understand that the statements herein are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

The blank should be filled in with the name of the appropriate company representative, and the signature of that representative should follow the statement.

Please submit your response to the address cited in this letter's header. Faxes, emails, and other forms of filing are unacceptable.

Sincerely,


Rosemary Chavetta, Secretary

Enclosure

cc: Josh Kwiatkowski

Application for Motor Common Carrier of Persons in Paratransit Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION ON A NONEXCLUSIVE, ADVANCE RESERVATION BASIS.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Bello Nurses LLC

- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Vans" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Vans" or "J. Doe Vans" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** ___NO **Previous Authority?** ___NO

If YES, at PUC No. A- 2022-3036719

4. **Are you a business entity registered with the PA Dept. of State?** Yes NO

If NO, you must register (see checklist on how to register)

If YES, provide your PA Corporation Bureau Entity ID Number 454213664

(See checklist and indicate type of business entity registered)

5. **If either a corporation or limited liability company, please list members (LLC) or shareholders and officers (corporation).**

Vincent Bello _____
Adunola Bello _____

6. **Mailing Address**

4240 Elmerton Ave
Street Address

Harrisburg PA 17109 Dauphin
City, State and Zip Code County

(717) 540-1700 administrator@bellonurses.org
Telephone Number E-mail Address

This is the e-mail address to which the Commission will send all official documents issued by the Commission until further notice.

7. **Physical Address** (If different than mailing address. Do not use a post office box.)

4240 Elmerton Ave
Street Address

Harrisburg PA 17109
City, State and Zip Code County

(717) 540-1700 administrator@bellonurses.org
Telephone Number E-mail Address

The address entered here should reflect the actual location of the business. This is the address the Commission needs in order to dispatch Enforcement Officers to inspect equipment. If left blank, it will be assumed that the **PHYSICAL ADDRESS** is the same as the **MAILING ADDRESS**

8. **Attorney** (if applicable)

Attorney's Name & Telephone Number for this Filing

Attorney's Address E-mail Address

An attorney's name should only be entered if an attorney is filing the application for a client and the application is being sent under the attorney's cover letter.

9. **Does applicant have a USDOT Number?**

No Yes, at No. _____

10. Describe the service area proposed by this application.

(Use the space below or attach additional sheet if space provided is not sufficient).

See attached document

Examples:

- *To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.*
- *To transport people from the city and county of Philadelphia to correctional facilities in PA, and return.*
- *To transport people in wheelchair and stretcher vans from points in the city of Pittsburgh to points in Allegheny County, and return.*
- *To transport people between points in Northumberland County.*

11. Certification:

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

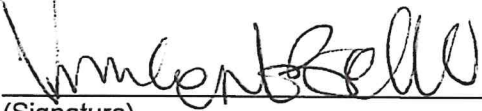
Verification of Application

I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Vincent Bello

(Print Name)



(Signature)

11/19/2022

(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

VERIFIED STATEMENT OF APPLICANT

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

See attached document Legal Name of Applicant

Trade Name, if any			
4240 Elmerton Ave	Dauphin	PA	17109
Street Address (principal place of business)	City or Municipality	State	Zip Code

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

Vincent Bello Administrator

See attached

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

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. If practical experience is lacking, please provide an explanation and description of any education or training that you believe may be relevant.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of 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.

See attached document

4240 Elmerton Ave

Dauphin

PA

17109

5. 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 territory you will be serving. In addition, please explain:
- a. Your hiring standards for drivers;
 - b. Your system for conducting criminal background checks;
 - c. Your driver training program;
 - d. Your system for conducting driver license checks;
 - e. Your policies regarding alcohol and drug use by your drivers.

Vincent Belle Administrator

See attached

6. 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 territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2008	Toyota	Sienna	7	5TDBK22C48S018	188350
2015	Nissan	ALTIMA	4	1N4AL3AP1FC256296	
2016	NISSAN	ROGUE	4	KNMAT2MV9GP686702	
2016	Nissan	Rogue	4	KNMAT2MV3GP673251	
2016	Nissan	Rogue	4	JN8AT2MV5GW146662	
2012	Nissan	Rogue	4	JN8AS5MV9CW398333	

*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

7. Describe your vehicle safety program. Please include the following in your explanation:
- a. Your periodic vehicle maintenance plan
 - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

See attached document

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

See attached


9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

_____ YES NO

10. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

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)
VINCENT BELLO

(Name and Title, printed or typed)

11/19/2022

(Date)

Statement of Financial Position (Balance Sheet)
As of (date) October 31, 2022
(Must be less than 6 months old)

ASSETS

Current Assets		
Cash	820,426.00	
Other Current Assets (specify)	0.00	
Total Current Assets		820,426.00
Tangible Assets		
Motor Vehicle Equipment	120,000.00	
Property (buildings, land, etc.)	1,800,000.00	
Office Equipment		45,600.00
TOTAL ASSETS		2,786,026.00

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	100,000.00	
Credit cards/revolving credit	150,000.00	
Other Liabilities (Attach schedule)	4,000.00	
Total Current Liabilities		254,000.00
Long Term Liabilities (Due after one year of date)		
Mortgage	520,000.00	
Long term commercial loan	1,500,000	
Other Liabilities (Attach Schedule)	0.00	
Total Long-Term Liabilities		2,020,000.00
TOTAL LIABILITIES		2,274,000.00

Application for Motor Common Carrier of Persons in Scheduled Route Service

10. Describe the service area proposed by this application

To transport as a common carrier by motor vehicle persons on schedule beginning from the facility at 4240 Elmerton avenue Harrisburg PA to different locations within dauphin counties and back to the same location Monday through Sunday.

BUSINESS PLAN/VERIFIED STATEMENT OF APPLICANT

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. If practical experience is lacking, please provide an explanation and description of any education or training that you believe may be relevant.

I am a highly motivated home healthcare professional with 7+ years of entrepreneurial and management experience. I skillfully create and maintain professional and loyal relationships with co-workers, staff and clients while effectively managing administration and applying my business acumen. Being in a home healthcare business, for more than seven years, I and our nurses have travelled with the company cars to see patients in counties such as dauphin, York, Cumberland, Alleghany etc. Having the PUC license will enable us to serve our community better.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of 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.

Bello Nurses LLC has its physical location at 4240 Elmerton Avenue, Harrisburg PA 17109. The building has five offices, receptionist area, waiting area, bathrooms and three storage units. Equipment and resources such as copier, fax, computers, laptops, smart phones, postage machines, e-mail, internet access, telephone, pagers, and voice mail systems are in place to facilitate effective day-to-day business operations. The building is 7644 sq ft with 55 surface parking spaces which for the vehicles.

Record Maintenance

All individual records will be kept confidential and in a secure location. Bello Nurses record maintenance plan include the following:

All individual records will not be accessible to anyone other than the department, the designated managing entity, and the supports coordinator, targeted support manager or base-funding support coordinator without written consent of the individual or persons designated by the individual. Any information gathered for services or operations will be gathered, maintained, and stored in such a manner as to assure confidentiality.

Records, documents information and financial books as required by PUC will be kept by BELLO NURSES LLC as follows:

- a. For at least 4 years from the commonwealth's fiscal year-end or 4 years from the providers fiscal year-end whichever is later.
- b. Until any audits or litigation is resolved
- c. In accordance with applicable Federal and State statutes and regulations
- d. If a program is completely or partially terminated, the records relating to the termination program shall be kept for at least 5 years from the date of termination.

Incident information will be requested by the CEO and delivered from the CEO to any outside agencies requesting this information.

Active/Closed files:

Records are audited quarterly and kept locked during non-business hours. The agency also stores old records, in a locked onsite location for a period of seven years.

Electronic records are password protected on a separate computer in Bello Nurses LLC's office that is locked at the end of each business day. The records are backed up weekly on a separate hard drive and/or flash drive and stored at a remote location.

- Individual's record information will be kept at Bello Nurses LLC.
- The most current copies of record information required will be kept at the resident home.
- Record information required that is not current will be kept at the administrative office.

Communication Network

Bello Nurses LLC will provide transportation services to intellectual disabled individuals and the elderly. Bello Nurses LLC will transport the individuals to doctor's appointments, and community engagements. Their scheduled routes will be communicated through phone calls, fax or email by the case coordinators. Bello Nurses will confirm the schedules with the individual/family and drivers will be dispatched from the facility to the individual's location. Bello Nurses LLC has a functioning 24/7 answering services to respond timely to all requests.

Bello Nurses will maintain continuous communication with the drivers using cell phones 24/7 to inform them of any changes in routes or cancelled trip. The drivers will make use of hands-free earpieces and headsets to make it easy for them to talk while they are driving. This will also make it convenient for them to call or to notify the facility of an unexpected situation, or if they need support.

5. 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 territory you will be serving. In addition, please explain: a. Your hiring standards for drivers; b. Your system for conducting criminal background checks; c. Your driver training program; d. Your system for conducting driver license checks; e. Your policies regarding alcohol and drug use by your drivers.

Numbers of drivers: 5

Bello Nurses LLC will be transporting the individuals within dauphin county with three vehicles from 8am-6pm Sunday/Saturday. Three drivers will be regular and two will be back-ups.

Hiring Standards

Bello Nurses LLC recognizes the importance of employees who are honest, trustworthy, qualified, reliable, and at least 18 years old. For purposes of furthering these concerns and interests, we will ensure, prior to hiring, that employees, contractors, and volunteers have the following if applicable to their position and role/responsibility:

- Copy of driver's license
- Copy of social security card
- Completed employment application, resume, references including written notes
- Annual physical
- Negative tuberculin skin test (TB) results
- Cleared background check
- Pledge of privacy notice
- CPR/first aid certificate
- Driving record clearance

Other Staffing Qualifications: Our director will check the exclusion lists with LEIE, SAM and DHS's Medi check to confirm all employees, contractors and volunteers have been excluded from participation in Medicare, or any other federal health care program, process for documenting screening efforts and process to conduct self-audits to ensure compliance. Screening will occur prior to hire and on an ongoing monthly basis after hire.

Safety and security precautions we take to ensure the safety of our residents, is that any staff, contractors, and volunteers hired must show evidence that they have never been convicted, investigated, or evidence of abuse, neglect, sexual exploitation, deprived an individual or adult, or subjected any person to serious injury as a result of intentional or grossly serious injury, or

grossly negligent misconduct with evidenced by oral or written statement to be obtained at the time of application.

Criminal history checks will be completed in accordance with the following:

- The Older Adults Protective Services and applicable regulations.
- The Child Protective Services Law and applicable regulations.
- If a prospective employee resides outside this Commonwealth, an application for a Federal Bureau of Investigation (FBI) criminal history record check will be submitted to the FBI in addition to the Pennsylvania criminal history record check, within five (5) working days after the person's date of hire.
- The Pennsylvania and FBI criminal history record checks will have been completed no more than 1 year prior to the person's date of hire.
- A copy of the final reports received from the State Police and the FBI, if applicable, will be kept.
- If we find that a potential or hired staff member has a criminal background like abuse, neglect, or convictions classified as barrier crimes, we will discuss convictions and terminate employment.

Training System

Bello Nurses LLC's records of orientation and training, including the training source, content, dates, length of training, copies of certificates received and persons attending, will be kept. Bello Nurses LLC will keep a training record for each person trained.

Training

All employees authorized to operate the company vehicles will participate in driver-safety training that will include: • Defensive driving • Vehicle inspection • Accident procedures • Hazardous weather driving • Procedure for notification of unsafe vehicle • Backing procedures

Driver's License Check

Following a conditional offer of employment, a motor vehicle record check will be conducted on all final job candidates. Thereafter, checks will be run annually for these employees.

Bello Nurses LLC will review motor vehicle records and decide as to drivers' status for applicants and employees according to the companywide classification system listed below:

Satisfactory

The individual is eligible to drive while conducting company business. The individual's driving record indicates not more than one moving violation in the past 12 months.

Probationary

The individual is eligible to drive while conducting company business with the stipulation that the individual's motor vehicle record will be checked periodically over a period of probation. The individual's driving record indicates more than one moving violation in the past 12 months but no more than two moving violations in the past 24 months. Any violations during the probationary period may result in termination of employment or other disciplinary action.

Unacceptable

The individual is not eligible for employment due to an unsatisfactory driving record. Examples of unacceptable infractions include but are not limited to:

- Suspended or revoked license.
- Three or more moving violations in the past 36 months.
- Any violations involving drugs, alcohol, controlled substances, etc., within the past 24 months.
- Leaving the scene of an accident within the past 24 months.
- Reckless driving within the past 24 months.
- At fault in an accident resulting in fatality or serious injury within the past five years

Alcohol and drug Use policy

To minimize the effects of alcohol and drugs in the workplace, BELLO NURSES LLC has adopted the following policy.

A. The following are prohibited:

- i. Purchase, use, possession, distribution or being under the influence of alcohol on BELLO NURSES LLC or client property, during working hours or at any time while on BELLO NURSES LLC business.
- ii. Purchase, sale, possession, use, manufacture, distribution or being under the influence of any illegal drug at any time during your employment by BELLO NURSES LLC; or
- iii. Use or being under the influence of any prescription or non-prescription (over the counter) drug that may adversely affect your performance of the essential functions of your job or increase the risk of injury, death or property loss of you or others.
- iv. Purchase, sale, use, distribution or possession, during working hours or while on company business, of any drug paraphernalia, including, but not limited to, any tools, equipment, supplies or materials used, designed or intended for the illegal or improper use of any drug.
- v. Reporting to or being at work with a measurable quantity of any alcohol, drug, intoxicant or narcotic in the blood or urine (except for any prescribed or over-the-counter drug of the type and at a level determined in the sole opinion of BELLO NURSES LLC or its designee as neither interfering with performance of essential job functions nor increasing the risk of injury, death or property loss of you or others).

B. Any employee of BELLO NURSES LLC who at any time during his or her employment with BELLO NURSES LLC is charged with, or convicted of, violating any law, the basis of which violation in any way involves the use or being under the influence of alcohol or any drug shall immediately report the charge or conviction to his or her immediate supervisor or any company official and in all cases, no later than the beginning of the next work day.

Violation of any part of this policy (or any charge or conviction described in "B") may result in disciplinary action, up to and including termination of employment.

7. Describe your vehicle safety program. Please include the following in your explanation: a. Your periodic vehicle maintenance plan b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175)

a. Periodic Vehicle Maintenance plan

Driver Inspections- Prior to each first daily use the driver shall inspect the vehicle for proper operation of the following safety features, as applicable: Horn Head, tail & signal lights
Windshield wipers, Tire inflation (visual check) Brakes Steering control Mirrors, No operational warning lights, Accident kit in glove compartment, Fire extinguisher (light trucks & vans) and broken glass.

Mechanical Inspections - All vehicles will be inspected by a qualified vehicle mechanics at least every 6 months. Inspection & maintenance points include:

- Road test
- Visual inspection of brake system – wheel removal required
- Fluid system levels & visual inspection
- Brake pad wear
- Belts & hoses
- Battery condition
- Filter replacement
- Lubrication
- Oil change
- Emissions systems visual inspection
- Tire treads

All vehicle inspections and maintenance records will be maintained by in the vehicle and in the office

VEHICLE POLICY

Seatbelts are always required for drivers and passengers.

No smoking/Eating/Drinking in the vehicles

No Cell phone use while driving

Vehicles must be locked when not in use

Park only in proper areas, not roadsides

Use warning flashers & raise hood if vehicle becomes disabled

In case of an emergency, drivers will ensure everyone is safe, contact the police, contact insurance, and contact the office

- b. To effectuate adequate documentation as evidence of compliance with the Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175), Bello Nurses shall do the following:**

MONTHLY REPORTS: Once a month, the vehicle maintenance officer will collect and file Vehicle Use Checklists, as well as submit a detailed status report to the office manager using the maintenance checklist. After the office manager reviews the monthly report, they will forward it to the CEO who verify that the documentation follows the regulation.

ANNUAL SUBMITTALS: Vehicle Maintenance Officers, working in concert with the office managers, shall maintain accurate, concise records detailing the annual maintenances for each vehicle. These records shall be made available during the annual review period.

- 8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.**

The insurance company has been contacted and quotes for premiums was given for the vehicles. Bello Nurses have the financial capacity to obtain insurance and pay the required insurance premiums.