

COMMONWEALTH OF PENNSYLVANIA
(Public Utility Commission)

-----*
APPLICATION OF BLACKHORSE :
EMPIRE, LLC TO TRANSPORT, AS : Docket No.:
A COMMON CARRIER, BY MOTOR : A-2024-3050285
VEHICLE, PERSONS IN :
PARATRANSIT SERVICE, BETWEEN :
POINTS IN THE COUNTIES OF :
BERKS, BUCKS, CHESTER, :
DELAWARE, HUNTINGDON, :
MONTGOMERY, AND SUSQUEHANNA, :
AND THE CITY AND COUNTY OF :
PHILADELPHIA :
-----*

Pages 13 through 158 TELEPHONIC HEARING
Judge's Chambers
State Office Bldg.
801 Market Street
Philadelphia, PA 19107

Wednesday, March 5, 2025
Met, pursuant to notice, at 10:22 a.m.

BEFORE: THE HONORABLE ERANDA VERO
Administrative Law Judge

INDEX TO EXHIBITS
Docket No.: A-2024-3050285
Hearing Date: March 5, 2025

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PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

<input type="checkbox"/> Return document by mail to:	Certificate of Organization Domestic Limited Liability Company
<input type="checkbox"/> Return document by email to:	
Name: Legalzoom.com, Inc. 38893	TCO161003JD0301
Address: c/o PennCorp Servicegroup, Inc. Counter Pick Up	
City: _____ State: _____ Zip Code: _____	

Read all instructions prior to completing. This form may b.

Fee: \$125

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (*designator is required, i.e., "company", "limited" or "limited liability company" or abbreviation*):

Blackhorse Empire, LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of its commercial registered office provider and the county of venue is: (Complete (a) or (b) - not both)

(a) Number and Street	City	State	Zip	County
(b) Name of Commercial Registered Office Provider				County
c/o: United States Corporation Agents, Inc., County of Lehigh				

3. The name and address, including street and number, if any, of each organizer is (*all organizers must sign on page 2*):

Name	Address
Cheyenne Moseley, Legalzoom.com, Inc.	9900 Spectrum Drive, Austin, TX 78717

2016 OCT -3 AM 11: 13

DEPT OF PA
DEPT OF STATE

EXHIBIT
1

Operating Agreement

Blackhorse Empire, LLC, a Pennsylvania Limited Liability Company

THIS OPERATING AGREEMENT of Blackhorse Empire, LLC (the "Company") is entered into as of the date set forth on the signature page of this Agreement by each of the Members listed on Exhibit A of this Agreement.

A. The Members have formed the Company as a Pennsylvania limited liability company under the Pennsylvania Limited Liability Company Law of 1994. The purpose of the Company is to conduct any lawful business for which limited liability companies may be organized under the laws of the commonwealth of Pennsylvania. The Members hereby adopt and approve the certificate of organization of the Company filed with the Department of State.

B. The Members enter into this Agreement to provide for the governance of the Company and the conduct of its business, and to specify their relative rights and obligations.

ARTICLE 1: DEFINITIONS

Capitalized terms used in this Agreement have the meanings specified in this Article 1 or elsewhere in this Agreement and if not so specified, have the meanings set forth in the Pennsylvania Limited Liability Company Law of 1994.

"Agreement" means this Operating Agreement of the Company, as may be amended from time to time.

"Capital Account" means, with respect to any Member, an account consisting of such Member's Capital Contribution, (1) increased by such Member's allocated share of income and gain, (2) decreased by such Member's share of losses and deductions, (3) decreased by any distributions made by the Company to such Member, and (4) otherwise adjusted as required in accordance with applicable tax laws.

"Capital Contribution" means, with respect to any Member, the total value of (1) cash and the fair market value of property other than cash and (2) services that are contributed and/or agreed to be contributed to the Company by such Member, as listed on Exhibit A, as may be updated from time to time according to the terms of this Agreement.

"Exhibit" means a document attached to this Agreement labeled as "Exhibit A," "Exhibit B," and so forth, as such document may be amended, updated, or replaced from time to time according to the terms of this Agreement.

"Member" means each Person who acquires Membership Interest pursuant to this Agreement. The Members are listed on Exhibit A, as may be updated from time to time according to the terms of this Agreement. Each Member has the rights and obligations specified in this Agreement.

"Membership Interest" means the entire ownership interest of a Member in the Company at any particular time, including the right to any and all benefits to which a Member may be entitled as provided in this Agreement and under the Pennsylvania Limited Liability Company Law of 1994, together with the obligations of the Member to comply with all of the terms and provisions of this Agreement.

"Ownership Interest" means the Percentage Interest or Units, as applicable, based on the manner in which relative ownership of the Company is divided.

"Percentage Interest" means the percentage of ownership in the Company that, with respect to each Member, entitles the Member to a Membership Interest and is expressed as either:

- A. If ownership in the Company is expressed in terms of percentage, the percentage set forth opposite the name of each Member on Exhibit A, as may be adjusted from time to time pursuant to this Agreement; or
- B. If ownership in the Company is expressed in Units, the ratio, expressed as a percentage, of:
 - (1) the number of Units owned by the Member (expressed as "MU" in the equation below) divided by

- (2) the total number of Units owned by all of the Members of the Company (expressed as "TU" in the equation below).

$$\text{Percentage Interest} = \frac{MU}{TU}$$

"Person" means an individual (natural person), partnership, limited partnership, trust, estate, association, corporation, limited liability company, or other entity, whether domestic or foreign.

"Units" mean, if ownership in the Company is expressed in Units, units of ownership in the Company, that, with respect to each Member, entitles the Member to a Membership Interest which, if applicable, is expressed as the number of Units set forth opposite the name of each Member on Exhibit A, as may be adjusted from time to time pursuant to this Agreement.

ARTICLE 2: CAPITAL CONTRIBUTIONS, ADDITIONAL MEMBERS, CAPITAL ACCOUNTS AND LIMITED LIABILITY

2.1 Initial Capital Contributions. The names of all Members and each of their respective addresses, initial Capital Contributions, and Ownership Interests must be set forth on Exhibit A. Each Member has made or agrees to make the initial Capital Contribution set forth next to such Member's name on Exhibit A to become a Member of the Company.

2.2 Subsequent Capital Contributions. Members are not obligated to make additional Capital Contributions unless unanimously agreed by all the Members. If subsequent Capital Contributions are unanimously agreed by all the Members in a consent in writing, the Members may make such additional Capital Contributions on a pro rata basis in accordance with each Member's respective Percentage Interest or as otherwise unanimously agreed by the Members.

2.3 Additional Members.

A. With the exception of a transfer of interest (1) governed by Article 7 of this Agreement or (2) otherwise expressly authorized by this Agreement, additional Persons may become Members of the Company and be issued additional Ownership Interests only if approved by and on terms determined by a unanimous written agreement signed by all of the existing Members.

B. Before a Person may be admitted as a Member of the Company, that Person must sign and deliver to the Company the documents and instruments, in the form and containing the information required by the Company, that the Members deem necessary or desirable. Membership Interests of new Members will be allocated according to the terms of this Agreement.

2.4 Capital Accounts. Individual Capital Accounts must be maintained for each Member, unless (a) there is only one Member of the Company and (b) the Company is exempt according to applicable tax laws. Capital Accounts must be maintained in accordance with all applicable tax laws.

2.5 Interest. No interest will be paid by the Company or otherwise on Capital Contributions or on the balance of a Member's Capital Account.

2.6 Limited Liability; No Authority. A Member will not be bound by, or be personally liable for, the expenses, liabilities, debts, contracts, or obligations of the Company, except as otherwise provided in this Agreement or as required by the Pennsylvania Limited Liability Company Law of 1994. Unless expressly provided in this Agreement, no Member, acting alone, has any authority to undertake or assume any obligation, debt, or responsibility, or otherwise act on behalf of, the Company or any other Member.

ARTICLE 3: ALLOCATIONS AND DISTRIBUTIONS

3.1 Allocations. Unless otherwise agreed to by the unanimous consent of the Members any income, gain, loss, deduction, or credit of the Company will be allocated for accounting and tax purposes on a pro rata basis in proportion to the respective Percentage Interest held by each Member and in compliance with applicable tax laws.

3.2 Distributions. The Company will have the right to make distributions of cash and property to the Members on a pro rata basis in proportion to the respective Percentage Interest held by each Member. The timing and amount of distributions will be determined by the Members in accordance with the Pennsylvania Limited Liability Company Law of 1994.

3.3 Limitations on Distributions. The Company must not make a distribution to a Member if, after giving effect to the distribution:

A. The Company would be unable to pay its debts as they become due in the usual course of business; or

B. The fair value of the Company's total assets would be less than the sum of its total liabilities plus the amount that would be needed, if the Company were to be dissolved at the time of the distribution, to satisfy the preferential rights upon dissolution of Members, if any, whose preferential rights are superior to those of the Members receiving the distribution.

ARTICLE 4: MANAGEMENT

4.1 Management.

A. **Generally.** Subject to the terms of this Agreement and the Pennsylvania Limited Liability Company Law of 1994, the business and affairs of the Company will be managed by the Members.

B. **Approval and Action.** Unless greater or other authorization is required pursuant to this Agreement or under the Pennsylvania Limited Liability Company Law of 1994 for the Company to engage in an activity or transaction, all activities or transactions must be approved by the Members, to constitute the act of the Company or serve to bind the Company. With such approval, the signature of any Members authorized to sign on behalf of the Company is sufficient to bind the Company with respect to the matter or matters so approved. Without such approval, no Members acting alone may bind the Company to any agreement with or obligation to any third party or represent or claim to have the ability to so bind the Company.

C. **Certain Decisions Requiring Greater Authorization.** Notwithstanding clause B above, the following matters require unanimous approval of the Members in a consent in writing to constitute an act of the Company:

- (i) A material change in the purposes or the nature of the Company's business;
- (ii) With the exception of a transfer of interest governed by Article 7 of this Agreement, the admission of a new Member or a change in any Member's Membership Interest, Ownership Interest, Percentage Interest, or Voting Interest in any manner other than in accordance with this Agreement;
- (iii) The merger of the Company with any other entity or the sale of all or substantially all of the Company's assets; and

- (iv) The amendment of this Agreement.

4.2 Officers. The Members are authorized to appoint one or more officers from time to time. The officers will have the titles, the authority, exercise the powers, and perform the duties that the Members determine from time to time. Each officer will continue to perform and hold office until such time as (a) the officer's successor is chosen and appointed by the Members; or (b) the officer is dismissed or terminated by the Members, which termination will be subject to applicable law and, if an effective employment agreement exists between the officer and the Company, the employment agreement. Subject to applicable law and the employment agreement (if any), each officer will serve at the direction of Members, and may be terminated, at any time and for any reason, by the Members.

ARTICLE 5: ACCOUNTS AND ACCOUNTING

5.1 Accounts. The Company must maintain complete accounting records of the Company's business, including a full and accurate record of each Company transaction. The records must be kept at the Company's principal executive office and must be open to inspection and copying by Members during normal business hours upon reasonable notice by the Members wishing to inspect or copy the records or their authorized representatives, for purposes reasonably related to the Membership Interest of such Members. The costs of inspection and copying will be borne by the respective Member.

5.2 Records. The Members will keep or cause the Company to keep the following business records.

- (i) An up to date list of the Members, each of their respective full legal names, last known business or residence address, Capital Contributions, the amount and terms of any agreed upon future Capital Contributions, and Ownership Interests, and Voting Interests;
- (ii) A copy of the Company's federal, state, and local tax information and income tax returns and reports, if any, for the six most recent taxable years;
- (iii) A copy of the certificate of organization of the Company, as may be amended from time to time ("Certificate of Organization"); and

- (iv) An original signed copy, which may include counterpart signatures, of this Agreement, and any amendments to this Agreement, signed by all then-current Members.

5.3 Income Tax Returns. Within 45 days after the end of each taxable year, the Company will use its best efforts to send each of the Members all information necessary for the Members to complete their federal and state tax information, returns, and reports and a copy of the Company's federal, state, and local tax information or income tax returns and reports for such year.

5.4 Subchapter S Election. The Company may, upon unanimous consent of the Members, elect to be treated for income tax purposes as an S Corporation. This designation may be changed as permitted under the Internal Revenue Code Section 1362(d) and applicable Regulations.

5.5 Tax Matters Member. Anytime the Company is required to designate or select a tax matters partner pursuant to Section 6231(a)(7) of the Internal Revenue Code and any regulations issued by the Internal Revenue Service, the Members must designate one of the Members as the tax matters partner of the Company and keep such designation in effect at all times.

5.6 Banking. All funds of the Company must be deposited in one or more bank accounts in the name of the Company with one or more recognized financial institutions. The Members are authorized to establish such accounts and complete, sign, and deliver any banking resolutions reasonably required by the respective financial institutions in order to establish an account.

ARTICLE 6: MEMBERSHIP - VOTING AND MEETINGS

6.1 Members and Voting Rights. The Members have the right and power to vote on all matters with respect to which the Certificate of Organization, this Agreement, or the Pennsylvania Limited Liability Company Law of 1994 requires or permits. Unless otherwise stated in this Agreement (for example, in Section 4.1(c)) or required under the Pennsylvania Limited Liability Company Law of 1994, the vote of the Members holding at least a majority of the Voting Interest of the Company is required to approve or carry out an action.

6.2 Meetings of Members. Annual, regular, or special meetings of the Members are not required but may be held at such time and place as the Members deem necessary or desirable for the reasonable management of the Company. A written notice

setting forth the date, time, and location of a meeting must be sent within a reasonable period of time before the date of the meeting to each Member entitled to vote at the meeting. A Member may waive notice of a meeting by sending a signed waiver to the Company's principal executive office or as otherwise provided in the Pennsylvania Limited Liability Company Law of 1994. In any instance in which the approval of the Members is required under this Agreement, such approval may be obtained in any manner permitted by the Pennsylvania Limited Liability Company Law of 1994, including by conference call or similar communications equipment. Any action that could be taken at a meeting may be approved by a consent in writing that describes the action to be taken and is signed by Members holding the minimum Voting Interest required to approve the action. If any action is taken without a meeting and without unanimous written consent of the Members, notice of such action must be sent to each Member that did not consent to the action.

ARTICLE 7: WITHDRAWAL AND TRANSFERS OF MEMBERSHIP INTERESTS

7.1 Withdrawal. Members may withdraw from the Company prior to the dissolution and winding up of the Company (a) by transferring or assigning all of their respective Membership Interests pursuant to Section 7.2 below, or (b) if all of the Members unanimously agree in a written consent. Subject to the provisions of Article 3, a Member that withdraws pursuant to this Section 7.1 will be entitled to a distribution from the Company in an amount equal to such Member's Capital Account.

7.2 Restrictions on Transfer; Admission of Transferee. A Member may transfer Membership Interests to any other Person without the consent of any other Member. A person may acquire Membership Interests directly from the Company upon the written consent of all Members. A Person that acquires Membership Interests in accordance with this Section 7.2 will be admitted as a Member of the Company only after the requirements of Section 2.3(b) are complied with in full.

ARTICLE 8: DISSOLUTION

8.1 Dissolution. The Company will be dissolved upon the first to occur of the following events:

- (i) The unanimous agreement of all Members in a consent in writing to dissolve the Company;

- (ii) Entry of a decree of judicial dissolution under Pennsylvania Limited Liability Company Law of 1994;
- (iii) At any time that there are no Members, unless and provided that the Company is not otherwise required to be dissolved and wound up, within 90 days after the occurrence of the event that terminated the continued membership of the last remaining Member, the legal representative of the last remaining Member agrees in writing to continue the Company and (i) to become a Member; or (ii) to the extent that the last remaining Member assigned its interest in the Company, to cause the Member's assignee to become a Member of the Company, effective as of the occurrence of the event that terminated the continued membership of the last remaining Member;
- (iv) The sale or transfer of all or substantially all of the Company's assets;
- (v) A merger or consolidation of the Company with one or more entities in which the Company is not the surviving entity.

8.2 No Automatic Dissolution Upon Certain Events. Unless otherwise set forth in this Agreement or required by applicable law, the death, incapacity, disassociation, bankruptcy, or withdrawal of a Member will not automatically cause a dissolution of the Company.

ARTICLE 9: INDEMNIFICATION

9.1 Indemnification. The Company has the power to defend, indemnify, and hold harmless any Person who was or is a party, or who is threatened to be made a party, to any Proceeding (as that term is defined below) by reason of the fact that such Person was or is a Member, officer, employee, representative, or other agent of the Company, or was or is serving at the request of the Company as a director, Governor, officer, employee, representative or other agent of another limited liability company, corporation, partnership, joint venture, trust, or other enterprise (each such Person is referred to as a "Company Agent"), against Expenses (as that term is defined below), judgments, fines, settlements, and other amounts (collectively, "Damages") to the maximum extent now or hereafter permitted under Pennsylvania law. "Proceeding," as used in this Article 9, means any threatened, pending, or completed action, proceeding, individual claim or matter within a proceeding, whether civil, criminal, administrative,

or investigative. "Expenses," as used in this Article 9, includes, without limitation, court costs, reasonable attorney and expert fees, and any expenses incurred relating to establishing a right to indemnification, if any, under this Article 9.

9.2 Mandatory. The Company must defend, indemnify and hold harmless a Company Agent in connection with a Proceeding in which such Company Agent is involved if, and to the extent, Pennsylvania law requires that a limited liability company indemnify a Company Agent in connection with a Proceeding.

9.3 Expenses Paid by the Company Prior to Final Disposition. Expenses of each Company Agent indemnified or held harmless under this Agreement that are actually and reasonably incurred in connection with the defense or settlement of a Proceeding may be paid by the Company in advance of the final disposition of a Proceeding if authorized by a vote of the Members that are not seeking indemnification holding a majority of the Voting Interests (excluding the Voting Interest of the Company Agent seeking indemnification). Before the Company makes any such payment of Expenses, the Company Agent seeking indemnification must deliver a written undertaking to the Company stating that such Company Agent will repay the applicable Expenses to the Company unless it is ultimately determined that the Company Agent is entitled or required to be indemnified and held harmless by the Company (as set forth in Sections 9.1 or 9.2 above or as otherwise required by applicable law).

ARTICLE 10: GENERAL PROVISIONS

10.1 Notice. (a) Any notices (including requests, demands, or other communications) to be sent by one party to another party in connection with this Agreement must be in writing and delivered personally, by reputable overnight courier, or by certified mail (or equivalent service offered by the postal service from time to time) to the following addresses or as otherwise notified in accordance with this Section: (i) if to the Company, notices must be sent to the Company's principal executive office; and (ii) if to a Member, notices must be sent to the Member's last known address for notice on record. (b) Any party to this Agreement may change its notice address by sending written notice of such change to the Company in the manner specified above. Notice will be deemed to have been duly given as follows: (i) upon delivery, if delivered personally or by reputable overnight carrier or (ii) five days after the date of posting if sent by certified mail.

10.2 Entire Agreement; Amendment. This Agreement along with the Certificate of Organization (together, the "Organizational Documents"), constitute the entire

agreement among the Members and replace and supersede all prior written and oral understandings and agreements with respect to the subject matter of this Agreement, except as otherwise required by the Pennsylvania Limited Liability Company Law of 1994. There are no representations, agreements, arrangements, or undertakings, oral or written, between or among the Members relating to the subject matter of this Agreement that are not fully expressed in the Organizational Documents. This Agreement may not be modified or amended in any respect, except in a writing signed by all of the Members, except as otherwise required or permitted by the Pennsylvania Limited Liability Company Law of 1994.

10.3 Governing Law; Severability. This Agreement will be construed and enforced in accordance with the laws of the commonwealth of Pennsylvania. If any provision of this Agreement is held to be unenforceable by a court of competent jurisdiction for any reason whatsoever, (i) the validity, legality, and enforceability of the remaining provisions of this Agreement (including without limitation, all portions of any provisions containing any such unenforceable provision that are not themselves unenforceable) will not in any way be affected or impaired thereby, and (ii) to the fullest extent possible, the unenforceable provision will be deemed modified and replaced by a provision that approximates the intent and economic effect of the unenforceable provision and the Agreement will be deemed amended accordingly.

10.4 Further Action. Each Member agrees to perform all further acts and execute, acknowledge, and deliver any documents which may be reasonably necessary, appropriate, or desirable to carry out the provisions of this Agreement.

10.5 No Third Party Beneficiary. This Agreement is made solely for the benefit of the parties to this Agreement and their respective permitted successors and assigns, and no other Person or entity will have or acquire any right by virtue of this Agreement. This Agreement will be binding on and inure to the benefit of the parties and their heirs, personal representatives, and permitted successors and assigns.

10.6 Incorporation by Reference. The recitals and each appendix, exhibit, schedule, and other document attached to or referred to in this Agreement are hereby incorporated into this Agreement by reference.

10.7 Counterparts. This Agreement may be executed in any number of counterparts with the same effect as if all of the Members signed the same copy. All counterparts will be construed together and will constitute one agreement.

[Remainder Intentionally Left Blank.]

IN WITNESS WHEREOF, the parties have executed or caused to be executed this Operating Agreement and do each hereby represent and warrant that their respective signatory, whose signature appears below, has been and is, on the date of this Agreement, duly authorized to execute this Agreement.

Dated: 10/12/16


Signature of Sylvester Thomas, Jr.

EXHIBIT A
MEMBERS

The Members of the Company and their respective addresses, Capital Contributions, and Ownership Interests are set forth below. The Members agree to keep this Exhibit A current and updated in accordance with the terms of this Agreement, including, but not limited to, Sections 2.1, 2.3, 2.4, 7.1, 7.2, and 10.1.

Members	Capital Contribution	Percentage Interest
Sylvester Thomas, Jr. Address: 1970 Chester Ave. Abington, Pennsylvania 19001		100%

PENNSYLVANIA PUBLIC UTILITY COMMISSION

IN THE MATTER OF: A-6222038

Application of Blackhorse Empire LLC for Common Carrier of Persons in Group and Party Service in vehicles seating more than 15, 238 North 12th Street, Reading, Berks County, PA 19604. To transport, as a motor common carrier, persons in group and party service, operating vehicles with a seating capacity of more than 15 passengers, including the driver, between points in Pennsylvania, excluding service that is under the jurisdiction of the Philadelphia Parking Authority. A-2023-3044378.

EFFECTIVE DATE: December 29, 2023

The Pennsylvania Public Utility Commission hereby certifies that after an investigation and/or hearing, it has, by its report and order made and entered, found and determined that the granting of the application is necessary or proper for the service, accommodation, convenience and safety of the public and hereby issues to the applicant this **CERTIFICATE OF PUBLIC CONVENIENCE** evidencing the Commission's approval to operate.

In Witness Whereof, The PENNSYLVANIA PUBLIC UTILITY COMMISSION has caused these presents to be signed and sealed, and duly attested by its Secretary at its office in the city of Harrisburg this 29th day of December, 2023.




Secretary

EXHIBIT

3

tabbles

Insurance proof

NEW

RENEWAL NUMBER

NATIONAL LIABILITY & FIRE INSURANCE COMPANY

STAMFORD, CONNECTICUT

BUSINESS AUTO COVERAGE DECLARATIONS

The Declarations include a second part designated "Part 2".

CROSS REFERENCE NUMBER

73 APS 115734

Producer

William Penn Insurance LLC
1120 Roosevelt Ave Suite A
York, PA 17404

ITEM ONE NAMED INSURED & ADDRESS

**BLACKHORSE EMPIRE LLC
238 N 12TH ST
READING, PA 19604**

FORM OF NAMED INSURED'S BUSINESS: **LLC**

NAMED INSURED'S BUSINESS: **CHARTER BUS**

POLICY PERIOD: Policy covers FROM **01/01/2024 12:01 AM** TO **01/01/2025** 12:01 A.M. Standard Time at the Named Insured's Address stated above.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage .

COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$ 1,000,000 CSL	\$ 12,718
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)	7	SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS Deductible	\$ 511
ADDED P.I.P. (or equivalent added No-fault cov.)	7	SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$ 2,057
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS		\$	\$
UNINSURED MOTORISTS	7	\$ 500,000 CSL (BI Only)	\$ 186
UNDERINSURED MOTORISTS (when not included in Uninsured Motorists coverage)	7	\$ 500,000 CSL (BI Only)	\$ 335
PHYSICAL DAMAGE INSURANCE			
COMPREHENSIVE COVERAGE	7	\$ See M 5910 (05/2020)	\$ INCL
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION COVERAGE *	7	\$ See M 5910 (05/2020)	\$ 1,449
TOWING AND LABOR		\$ Deductible FOR EACH COVERED AUTO	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION See M4572 (12/1994)		PREMIUM FOR ENDORSEMENTS	\$
		ESTIMATED TOTAL PREMIUM	\$ 17,256
ENTER SYMBOL 10 DESCRIPTION HERE:			
POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$ <u>0</u> IF CANCELLED BY THE INSURED.			
ITEM THREE - SCHEDULE OF COVERED AUTOS		AS ATTACHED	

* THIS POLICY DOES NOT COVER COLLISION DAMAGE TO VEHICLES RENTED TO THE INSURED

W. N. Tuscano Agency, Inc.
Greensburg, PA

Countersigned At _____

By _____

AUTHORIZED SIGNATURE

In Witness whereof, we have caused this policy to be executed and attested.



Secretary



President

SCHEDULE OF FORMS AND ENDORSEMENTS AT POLICY INCEPTION

POLICY #	73 APS 115734	
INSURED	BLACKHORSE EMPIRE LLC	
EFFECTIVE	<u>01/01/2024 12:01 AM</u>	
M 5986	10/2020	Commercial Policy Jacket
M 5605	02/2011	Business Auto Coverage Declarations
M 4572	12/1994	Schedule of Forms and Endorsements at Policy Inception
M 4959a	03/2002	Schedule of Covered Autos
CA 0001	03/2010	Business Auto Coverage Form
M 5872	09/2020	Changes to Common Policy Conditions - Cancellation
M 4095b	10/2008	Pennsylvania Fraud Notice
M 5910	05/2020	Stated Amount Insurance
CA 2192	06/2012	Pennsylvania Uninsured Motorists Coverage - Nonstacked
CA 2193	06/2012	Pennsylvania Underinsured Motorists Coverage - Nonstacked
CA 2237	03/2006	Pennsylvania Basic First Party Benefits
CA 2238	03/1995	Pennsylvania Added and Combination First Party Benefits Endorsement
IL 0910	12/2003	Pennsylvania Notice
CA 0180	03/2021	Pennsylvania Changes
IL 0120	05/2011	Pennsylvania Changes - Defense Costs
M 5479	04/2010	Towing and Storing Costs
CA 2402	12/1993	Public Transportation Autos
M 3841	03/1987	Driver Exclusion Endorsement (Specified Operator(s) Excluded)
M 5178b	09/2009	Pennsylvania Changes - Cancellation and Nonrenewal
M 5749	01/2013	Underinsured Motorists Coverage Amendatory Endorsement
M 5952	03/2019	Punitive Damage Exclusion
M 5978	05/2020	Communicable Disease Exclusion
M 4803	02/1998	Abuse or Molestation Exclusion

SCHEDULE OF COVERED AUTOS

M-4959a (03/2002)

POLICY NUMBER: **73 APS 115734**

EFFECTIVE DATE: **01/01/2024 12:01 AM**

NAMED INSURED : **BLACKHORSE EMPIRE LLC**

Veh #	Year	Use (C,S or R)	GVW or Seating Capacity	Premiums							Physical Damage				
	Make	Radius		Liab	UM/UIM	No-Fault	Med Pay	Addl Insd	In-Tow	Other	Limit Stated Amount or ACV	S C	Spec Causes Comprehensive	Collision	
	Model	Garaging Territory											Premium	Premium	
	VIN	Garaging City, State											Deduct	Deduct	
1	2007 FORD BUS 1FDXE45S47DA31929	Commercial 200 Miles Territory 6 READING, PA	21 Seats	12,718	521	2,568						12,000	C	Incl 1000 Ded	1,449 1000 Ded
Premium for Endorsements															

USDOT Number
 MC/MX Number
 Name

Enter Value:

ID/Operations | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

Carriers: If you would like to update the following ID/Operations information, please complete and submit form [MCS-150](#) which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

USDOT Status

- **ACTIVE:** The entity's US DOT number is active.
- **INACTIVE:** Inactive per 49 CFR 390.19(b)(4); biennial update of MCS-150 data not completed.
- **OUT-OF-SERVICE:** Carrier is under any type of out-of-service order and is not authorized to operate.

Operating Authority Status

- **AUTHORIZED FOR { Passenger, Property, HHG }:** This will list the specific operating authorities the carrier (or broker) is allowed to operate.
- **NOT AUTHORIZED:** The entity does not have any operating authority and/or is not authorized to engage in interstate, for-hire operations.
***Please Note: NOT AUTHORIZED does not apply to Private or Intrastate operations.**
- **OUT-OF-SERVICE:** Carrier is under any type of out-of-service order and is not authorized to operate.

Out of Service Date

Indicates the date the company was ordered Out of Service. If there are multiple Out of Service orders, the earliest date will be displayed.

Please note: If there are multiple Out-of-Service orders, the earliest date will be displayed.

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of **02/24/2025**.

USDOT INFORMATION			
Entity Type:	CARRIER		
USDOT Status:	ACTIVE	Out of Service Date:	None
USDOT Number:	4172807	State Carrier ID Number:	
MCS-150 Form Date:	01/10/2025	MCS-150 Mileage (Year):	1 (2024)
OPERATING AUTHORITY INFORMATION			
Operating Authority Status:	NOT AUTHORIZED		
	*Please Note: NOT AUTHORIZED does not apply to Private or Intrastate operations. For Licensing and Insurance details click here .		
MC/MX/FF Number(s):			
COMPANY INFORMATION			
Legal Name:	BLACKHORSE EMPIRE LLC		
DBA Name:	BHE TRUCKING		
Physical Address:	238 NORTH 12TH STREET READING, PA 19604		
Phone:	(610) 883-8716		
Mailing Address:	238 NORTH 12TH STREET READING, PA 19604		
DUNS Number:	14-154-883		
Power Units:	2	Drivers:	5
Operation Classification:			

Non-Medical Transportation Business Plan

Business Name:

Black Horse Empire Non-Medical Transportation

Mission Statement:

To provide safe, reliable, and affordable non-medical transportation services to individuals who require assistance getting to appointments, errands, or social activities. Our goal is to enhance the mobility and independence of our clients, particularly seniors, individuals with disabilities, and others with limited transportation options.

Business Opportunity:

The aging population and increased demand for accessible transportation present a significant opportunity. Many individuals lack the ability or means to access vital services, creating a gap in the market for non-emergency, personalized transportation solutions.

Business Description

Services Offered:

1. **Transportation to Medical Appointments** (non-emergency).
2. **Errand Runs:** Grocery shopping, pharmacy visits, etc.
3. **Social Outings:** Visits to friends, family, or community events.
4. **Work/School Transportation:** For those with mobility challenges.
5. **Customizable Services:** Tailored to client needs.

Target Market:

1. **Primary:** Seniors (65+), disabled individuals, and patients recovering from surgery.
2. **Secondary:** Families needing transportation support for loved ones.

Competitive Advantage:

- Professional, courteous drivers trained in assisting individuals with mobility needs.
 - Fleet of accessible vehicles equipped with ramps/lifts.
 - Flexible scheduling with competitive pricing.
 - Partnerships with healthcare providers and community organizations.
-

Market Analysis

Industry Overview:

The Black Horse Empire non-medical transportation sector is growing at a steady rate due to increased demand driven by demographic changes and healthcare access challenges. In the U.S., the aging population is expected to reach 80 million by 2050, creating sustained demand for these services.

Local Market:

- With 30% of the population between Reading, PA extended to Philadelphia, PA being 65 and older helps our business grow fast. That is not including any persons disabled.
- The competitors in our segment do not work closely with the inner cities because they rely on basic public transportation since those individuals have access to that. The problem with that is, even those public transportation has handicapped vehicles available, they do not have people to directly assist the client when traveling from point A to point B.

Key Competitors:

- What makes us stand out as a company is that we already own a Home Health Care company called I AM HOME CARE LLC for the last 8 years. We already have our own clientele base built in.

Marketing Strategy

1. **Online Presence:**
 - Develop a website with online booking capabilities.
 - Use social media platforms to promote services.
 2. **Community Partnerships:**
 - Collaborate with healthcare facilities, senior centers, and non-profits.
 - Attend local events to promote awareness.
 3. **Referrals:**
 - Offer discounts for referrals from existing clients or partner organizations.
 4. **Advertising:**
 - Targeted online ads and local radio/print advertisements.
-

Operations Plan

Location:

238 N. 12th Street. Reading, PA 19604

Vehicles:

- Start with 2-3 accessible vans, each equipped with wheelchair ramps/lifts.
- Regular maintenance schedule to ensure reliability and safety.

Staff:

1. Drivers: Licensed, background-checked, and trained in customer assistance.
2. Dispatcher: Handles scheduling and customer inquiries.
3. Administrative Support (as needed): Manages billing and client communication.

Technology:

- Use routing and scheduling software for efficiency.
 - GPS tracking for safety and transparency.
-

Financial Plan

Startup Costs:

Item	Cost Estimate
Vehicles (2-3 accessible vans)	\$120,000
Insurance	\$15,000/year
Licensing and Permits	\$5,000
Marketing/Advertising	\$10,000
Technology (software, website)	\$5,000
Miscellaneous/Buffer	\$5,000
Total	\$160,000

Revenue Projections:

Year	Clients/Month	Revenue/Month	Revenue/Year
Year 1	100	\$10,000	\$120,000
Year 2	150	\$15,000	\$180,000

Year	Clients/Month	Revenue/Month	Revenue/Year
Year 3	200	\$20,000	\$240,000

- **Average Charge/Trip:** \$50 (two-way trip).
- **Assumption:** 5 trips per client/month.

Expenses:

Item	Yearly Estimate
Vehicle Maintenance	\$15,000
Fuel	\$10,000
Insurance	\$15,000
Marketing	\$10,000
Salaries	\$80,000
Miscellaneous	\$10,000
Total	\$140,000

Profit Projections:

Year	Revenue	Expenses	Profit
Year 1	\$120,000	\$140,000	(\$20,000)
Year 2	\$180,000	\$160,000	\$20,000
Year 3	\$240,000	\$180,000	\$60,000

Funding Requirements

Amount Requested:

\$160,000 in initial funding to cover startup costs.

Use of Funds:

- Vehicle purchase and customization.
- Marketing launch.
- Technology setup.
- Licensing and insurance.

Rate Schedule

1. Base Fare

- **Flat Fee:** \$10.00 for the first 5 miles.
 - Covers the initial cost of booking and travel preparation.

2. Distance-Based Charges

- **Per Mile Rate:** \$2.00 per mile after the initial 5 miles.
 - Adjust for urban, rural, or long-distance trips.

3. Wait Time

- **Waiting Charges:** \$5.00 per 15 minutes.
 - Applies when drivers wait during appointments, errands, or delays.

4. Additional Fees

- **After-Hours Service:** \$20.00 extra for services before 8 AM or after 8 PM.
- **Weekend/Holiday Surcharge:** \$10.00 flat fee.
- **Extra Stops:** \$5.00 per additional stop beyond the destination.

5. Specialized Services

- **Wheelchair Accessible Vehicle:** Additional \$15.00 per trip.
- **Assistance Fee:** \$5.00 if personal assistance is required (e.g., helping clients in and out of the vehicle).

6. Cancellation or No-Show Fees

- **Cancellation Fee:** \$15.00 if canceled within less than 24 hours.
 - **No-Show Fee:** \$20.00 if the customer doesn't show up within 10 minutes.
-

Balance Sheet & Profit Loss Statement Form

Balance Sheet

Assets

- **Current Assets**
 - Cash and cash equivalents (e.g., money in the business bank account)
 - Accounts receivable (unpaid invoices for transportation services)
 - Prepaid expenses (e.g., insurance, licenses)
- **Non-Current Assets**
 - Vehicles (vans, buses, or cars used for transportation)
 - Equipment (e.g., dispatch systems, communication tools)
 - Office space or leasehold improvements (if applicable)

Liabilities

- **Current Liabilities**
 - Accounts payable (unpaid bills for vehicle maintenance or fuel)
 - Short-term loans or leases (e.g., vehicle financing payments)
- **Non-Current Liabilities**
 - Long-term loans (e.g., loans taken to purchase vehicles or assets)
 - Lease obligations

Equity

- Owner's capital (initial investment by the owner)
- Retained earnings (profit reinvested into the business)

Profit and Loss Statement (P&L) (Income and Expenses Over Time)

The P&L provides an overview of the revenue and expenses, showing whether the business is profitable during a specific period.

Revenue

- Transportation service fees (payments from customers or Medicaid/Medicare contracts)
- Additional services (e.g., wheelchair-accessible transport premiums)

Cost of Goods Sold (COGS) (Direct Costs)

- Fuel costs

- Maintenance and repairs for vehicles
- Driver wages or contractor fees

Operating Expenses

- Administrative salaries
- Insurance (e.g., liability, vehicle)
- Marketing and advertising (e.g., flyers, digital campaigns)
- Software or dispatch system subscriptions
- Licensing and permits

Other Income/Expenses

- Interest earned (e.g., from savings accounts)
- Loan interest payments
- Depreciation of vehicles and equipment

Net Profit (or Loss)

Calculated as:

Revenue - COGS - Operating Expenses - Other Expenses

Example:

Balance Sheet (as of [Date])

Category	Amount (\$)
Assets	
Cash	15,000
Accounts Receivable	10,000
Vehicles (net value)	50,000
Equipment	5,000
Total Assets	80,000
Liabilities	
Accounts Payable	5,000
Loan (short-term)	10,000
Loan (long-term)	30,000
Total Liabilities	45,000
Equity	
Owner's Capital	20,000
Retained Earnings	15,000

Category	Amount (\$)
Total Equity	35,000
Total Liabilities + Equity	80,000

Profit and Loss Statement (for [Period])

Category	Amount (\$)
Revenue	
Transportation Services	50,000
Total Revenue	50,000
Expenses	
Fuel	5,000
Maintenance	2,000
Wages	20,000
Insurance	3,000
Marketing	1,000
Depreciation	1,500
Total Expenses	32,500
Net Profit	17,500

Pennsylvania
COMMERCIAL DRIVER'S LICENSE
NOT FOR REAL ID PURPOSES



DOB: 07/05/1958
EXP: 07/06/2026
CLASS: A
RESID: K2

SEX: M EYES: BRO
HT: 6-00

KELLER HAROLD
50 N 9TH ST APT 1603
READING, PA 19601

DD 771 201605492
700309350432

CDL



1022

EXHIBIT
8



**PENNSYLVANIA DEPARTMENT OF TRANSPORTATION
BUREAU OF DRIVER LICENSING**

FULL DRIVER'S HISTORY

OCT 30 2024

FULL LEGAL NAME:

HAROLD KELLER

EXPANDED NAME:

HAROLD

KELLER

50 N 9TH ST APT 1603

READING , PA 19601

DRIVER'S LICENSE NO:

██████████7994

REAL ID:

NONE

TRUNC: U

TRANSLIT: U

TRUNC:

TRANSLIT:

TRUNC: U

TRANSLIT: U

DATE OF BIRTH:

JUL 05 1958

SEX:

MALE

RECORD TYPE:

REG LICENSE

VETERAN STATUS:

YES DECLARED

DRIVER LICENSE (DL)

LICENSE CLASS:

LICENSE ISSUE DATE: JUN 22 2022

LICENSE EXPIRES:

ORIG ISSUE DATE:

MED RESTRICTIONS: 2

LEARNER PERMITS:

LICENSE STATUS: VALID

CDL MED SELF CERT: EXCEPTED INTRASTATE

OCCUPATIONAL LIMITED LICENSE (OLL)

OLL LICENSE CLASS:

OLL LICENSE ISSUED:

OLL LICENSE EXPIRES:

OLL LICENSE STATUS:

INTERLOCK LIMITED LICENSE (IILL)

IILL LICENSE CLASS:

IILL LICENSE ISSUED:

IILL LICENSE EXPIRES:

IILL LICENSE STATUS:

MEDICAL CERTIFICATE (MC)

MC STATUS:

COMMERCIAL DRIVER LICENSE (CDL)

CDL LICENSE CLASS: A*

CDL LICENSE ISSUED: JUL 12 2001

CDL LICENSE EXPIRES: JUL 06 2026

CDL ENDORSEMENTS: T

CDL RESTRICTIONS: K

CDL LEARNER PERMITS:

CDL LICENSE STATUS: VALID

CDL LIC DOWNGRADED:

SB ENDORSEMENT:

PROBATIONARY LICENSE (PL)

PL LICENSE CLASS:

PL LICENSE ORIG ISS:

PL LICENSE ISSUED:

PL LICENSE EXPIRES:

PL LICENSE STATUS:

MEDICAL EXAMINER (ME)

ME NAME:

ME TELEPHONE:

MC RESTRICTIONS:

LICENSE NUMBER: [REDACTED] 7994

PAGE: 2

MC EXPIRES:

ME LICENSE NO:

ME SPECIALITY CODE:

ME LICENSING
JURISDICTION CODE:

SKILL PERFORMANCE EVALUATION (SPE)

WAIVER/EXEMPT (W/E)

SPE EFFECTIVE:

W/E EFFECTIVE:

SPE EXPIRES:

W/E EXPIRES:

REPORT OF VIOLATIONS AND DEPARTMENTAL ACTIONS

VIOLATION DATE: SEP 06 1994
VIOLATION: VEHICLE CODE:3362
DESCRIPTION: EXCEEDING MAXIMUM SPEED
045 MPH IN A 025 MPH ZONE
CONVICTION DATE: OCT 11 1994
ACTION: ASSIGNED POINTS

VIOLATION DATE: SEP 22 2006
VIOLATION: VEHICLE CODE:4107B2
DESCRIPTION: IMPROPER EQUIPMENT
COMM VEHICLE: YES HAZMAT: NO CDL HOLDER: NO
CONVICTION DATE: SEP 27 2006
ACTION: NON-SANCTIONED

VIOLATION DATE: SEP 22 2006
VIOLATION: VEHICLE CODE:4107B2
DESCRIPTION: IMPROPER EQUIPMENT
COMM VEHICLE: YES HAZMAT: NO CDL HOLDER: NO
CONVICTION DATE: SEP 27 2006
ACTION: NON-SANCTIONED

VIOLATION DATE: APR 11 2008
VIOLATION: VEHICLE CODE:3111
DESCRIPTION: TRAFFIC-CNTROL VIOL
COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: YES
CONVICTION DATE: JUN 18 2008
ACTION: NON-SANCTIONED

VIOLATION DATE: JUL 14 2010
VIOLATION: VEHICLE CODE:3112A3I
DESCRIPTION: RED LIGHT VIOLATION
COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: YES

ACTION: ASSIGNED POINTS

VIOLATION DATE: FEB 21 2022

VIOLATION: VEHICLE CODE:3362

DESCRIPTION: EXCEEDING MAXIMUM SPEED
040 MPH IN A 035 MPH ZONE

COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: YES

CONVICTION DATE: APR 07 2022

ACTION: NON-SANCTIONED

REPORT OF MEDICALS AND DEPARTMENTAL ACTIONS

NO MEDICALS OR DEPARTMENTAL ACTIONS DURING THIS REPORTING PERIOD

REPORT OF ACCIDENTS AND DEPARTMENTAL ACTIONS

ACCIDENT DATE: MAY 10 1995

LOCATION: NORTHUMBERLAND

VEHICLE TYPE: PASSENGER

SEVERITY: INJURY

ACCIDENT DATE: MAY 19 1997

LOCATION: BERKS COUNTY

VEHICLE TYPE: PASSENGER

SEVERITY: INJURY

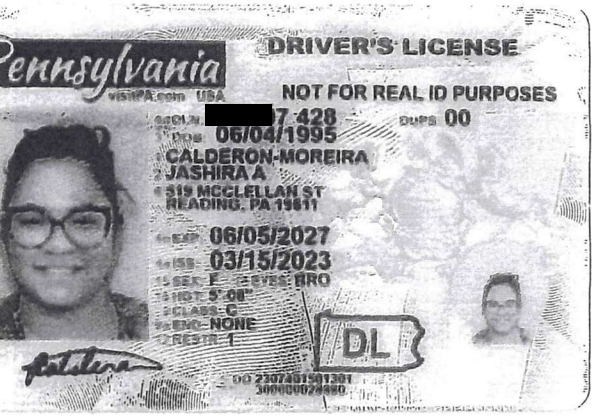
ACCIDENT DATE: APR 23 2010

LOCATION: BERKS COUNTY

VEHICLE TYPE: PASSENGER

SEVERITY: INJURY

END OF RECORD



Personal vehicle info

VIN ICYRJFAG2FC604417
Lis LSX 7353
Year 2015
Make Jeep
Miles 43129

~~3049~~



**PENNSYLVANIA DEPARTMENT OF TRANSPORTATION
BUREAU OF DRIVER LICENSING**

FULL DRIVER'S HISTORY

OCT 30 2024

FULL LEGAL NAME:	DRIVER'S LICENSE NO:	7428
JASHIRA A CALDERON-MOREIRA	REAL ID:	NONE
EXPANDED NAME:		
JASHIRA	TRUNC: U	TRANSLIT: U
A	TRUNC: U	TRANSLIT: U
CALDERON-MOREIRA	TRUNC: U	TRANSLIT: U
519 MCCLELLAN ST	DATE OF BIRTH:	JUN 04 1995
READING , PA 19611	SEX:	FEMALE
	RECORD TYPE:	REG LICENSE
	VETERAN STATUS:	NOT DECLARED

DRIVER LICENSE (DL)

LICENSE CLASS: C
LICENSE ISSUE DATE: MAR 15 2023
LICENSE EXPIRES: JUN 05 2027
ORIG ISSUE DATE:
MED RESTRICTIONS: 1
LEARNER PERMITS:
LICENSE STATUS: VALID
CDL MED SELF CERT:

OCCUPATIONAL LIMITED LICENSE (OLL)

OLL LICENSE CLASS:
OLL LICENSE ISSUED:
OLL LICENSE EXPIRES:
OLL LICENSE STATUS:

INTERLOCK LIMITED LICENSE (IILL)

IILL LICENSE CLASS:
IILL LICENSE ISSUED:
IILL LICENSE EXPIRES:
IILL LICENSE STATUS:

MEDICAL CERTIFICATE (MC)

MC STATUS:

COMMERCIAL DRIVER LICENSE (CDL)

CDL LICENSE CLASS:
CDL LICENSE ISSUED:
CDL LICENSE EXPIRES:
CDL ENDORSEMENTS: NONE
CDL RESTRICTIONS: NONE
CDL LEARNER PERMITS:
CDL LICENSE STATUS: VALID
CDL LIC DOWNGRADED:
SB ENDORSEMENT:

PROBATIONARY LICENSE (PL)

PL LICENSE CLASS:
PL LICENSE ORIG ISS:
PL LICENSE ISSUED:
PL LICENSE EXPIRES:
PL LICENSE STATUS:

MEDICAL EXAMINER (ME)

ME NAME:
ME TELEPHONE:

MC RESTRICTIONS:

MC EXPIRES:

ME LICENSE NO:

ME SPECIALITY CODE:

ME LICENSING
JURISDICTION CODE:

SKILL PERFORMANCE EVALUATION (SPE)

WAIVER/EXEMPT (W/E)

SPE EFFECTIVE:

W/E EFFECTIVE:

SPE EXPIRES:

W/E EXPIRES:

REPORT OF VIOLATIONS AND DEPARTMENTAL ACTIONS

VIOLATION DATE: SEP 07 2019
 VIOLATION: VEHICLE CODE:3323B
 DESCRIPTION: STOP SIGN VIOLATION
 COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: NO
 CONVICTION DATE: SEP 27 2019
 ACTION: ASSIGNED POINTS

VIOLATION DATE: JUN 21 2022
 VIOLATION: VEHICLE CODE:3362
 DESCRIPTION: EXCEEDING MAXIMUM SPEED
 065 MPH IN A 055 MPH ZONE
 COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: NO
 CONVICTION DATE: AUG 05 2022
 ACTION: ASSIGNED POINTS

REPORT OF MEDICALS AND DEPARTMENTAL ACTIONS

NO MEDICALS OR DEPARTMENTAL ACTIONS DURING THIS REPORTING PERIOD

REPORT OF ACCIDENTS AND DEPARTMENTAL ACTIONS

NO ACCIDENTS DURING THIS REPORTING PERIOD

END OF RECORD

WID#: 243042650023503-001

PROCESSED: 10/30/2024

Pennsylvania
VISITPA.COM USA

COMMERCIAL DRIVER'S LICENSE
NOT FOR REAL ID PURPOSES

DLN: [REDACTED] 4 509 DUPS: 00
DOB: 12/19/1964
DAMICO
NICHOLAS RANDOLPH
633 N 25TH ST
READING, PA 19605

EXP: 12/20/2026
ISS: 12/20/2022
SEX: M EYES: BLU
HGT: 6'-01"
CLASS: AM
END: N
REST: NONE

CDL

ORGAN DONOR

DD 227449100001
46000000173



5607



9212

21 02801103288
22388

12/18/1964
Rev 03/25/2022

Notify PennDOT if you
move within 15 days.
Visit us at www.dmv.pa.gov
or call us at 717-412-5300.
TTY callers - please dial
711 to reach us.



CLASS: A-Comb > 26,000 / Tow > 10,000, M-Motorcycle / Motor Driven
Cycle
END: N-Tank
RESTR: None

1787
PENNSYLVANIA



**PENNSYLVANIA DEPARTMENT OF TRANSPORTATION
BUREAU OF DRIVER LICENSING**

10-YEAR DRIVER'S HISTORY

JUL 08 2024

FULL LEGAL NAME:
NICHOLAS RANDOLPH DAMICO

DRIVER'S LICENSE NO: [REDACTED] 4509
REAL ID: NONE

EXPANDED NAME:
NICHOLAS
RANDOLPH
DAMICO
633 N 25TH ST
READING, PA 19606

TRUNC: U TRANSLIT: U
TRUNC: U TRANSLIT: U
TRUNC: U TRANSLIT: U
DATE OF BIRTH: DEC 19 1964
SEX: MALE
RECORD TYPE: 4YR LIC/LP
VETERAN STATUS: NOT DECLARED

DRIVER LICENSE (DL)

LICENSE CLASS: M
LICENSE ISSUE DATE: DEC 20 2022
LICENSE EXPIRES: DEC 20 2026
ORIG ISSUE DATE: JUL 09 2003
MED RESTRICTIONS: NONE
LEARNER PERMITS:
LICENSE STATUS: VALID
CDL MED SELF CERT: EXCEPTED INTERSTATE

COMMERCIAL DRIVER LICENSE (CDL)

CDL LICENSE CLASS: A*
CDL LICENSE ISSUED: JUL 09 2003
CDL LICENSE EXPIRES: DEC 20 2026
CDL ENDORSEMENTS: N
CDL RESTRICTIONS: NONE
CDL LEARNER PERMITS:
CDL LICENSE STATUS: VALID
CDL LIC DOWNGRADED:
SB ENDORSEMENT:

OCCUPATIONAL LIMITED LICENSE (OLL)

OLL LICENSE CLASS:
OLL LICENSE ISSUED:
OLL LICENSE EXPIRES:
OLL LICENSE STATUS:

PROBATIONARY LICENSE (PL)

PL LICENSE CLASS:
PL LICENSE ORIG ISS:
PL LICENSE ISSUED:
PL LICENSE EXPIRES:
PL LICENSE STATUS:

INTERLOCK LIMITED LICENSE (IILL)

IILL LICENSE CLASS:
IILL LICENSE ISSUED:
IILL LICENSE EXPIRES:
IILL LICENSE STATUS:

MEDICAL EXAMINER (ME)

ME NAME:
ME TELEPHONE:

MEDICAL CERTIFICATE (MC)

MC STATUS:

MC RESTRICTIONS:

MC EXPIRES:

ME LICENSE NO:

ME SPECIALITY CODE:

ME LICENSING
JURISDICTION CODE:

SKILL PERFORMANCE EVALUATION (SPE)

WAIVER/EXEMPT (W/E)

SPE EFFECTIVE:

W/E EFFECTIVE:

SPE EXPIRES:

W/E EXPIRES:

REPORT OF VIOLATIONS AND DEPARTMENTAL ACTIONS

VIOLATION DATE: APR 12 2019
 VIOLATION: VEHICLE CODE:3362
 DESCRIPTION: EXCEEDING MAXIMUM SPEED
 035 MPH IN A 030 MPH ZONE
 COMM VEHICLE: NO HAZMAT: NO CDL HOLDER: YES
 CONVICTION DATE: JUN 03 2019
 ACTION: NON-SANCTIONED

REPORT OF MEDICALS AND DEPARTMENTAL ACTIONS

NO MEDICALS OR DEPARTMENTAL ACTIONS DURING THIS REPORTING PERIOD

REPORT OF ACCIDENTS AND DEPARTMENTAL ACTIONS

NO ACCIDENTS DURING THIS REPORTING PERIOD

END OF RECORD

WID#: 241902650021060-001

PROCESSED: 07/08/2024

Question 33

Proof of

Pass Safety & procedures



Outlook

Program

Fwd: Thanks for joining CTAA!

From Slycore Thomas <blackhorseempirellc@gmail.com>

Date Tue 1/14/2025 5:41 PM

To bhempire.src@outlook.com
<bhempire.src@outlook.com>

----- Forwarded message -----

From: **CTAA Membership**

<membership@ctaa.org>

Date: Fri, Oct 18, 2024, 3:32 PM

Subject: Thanks for joining CTAA!

To: Sylvester Thomas

<blackhorseempirellc@gmail.com>



*Welcome to the
Community Transportation Association of America
(CTAA)!*

Member # 2152112

You've just joined thousands of people who share your interest and concern about providing mobility for all Americans. We're a non-profit membership Association and our priority is to our members and the communities and passengers they serve. To start as an active member, you'll find that your Membership Number is located at the top of the receipt.

Beyond the [responsive](#), flexible and focused attention you receive as a CTAA member, there are numerous benefits included with membership.

- [Advocacy & Policy](#)
- Digital Communications- [FastMail](#)
- [Training & Certification](#)
- Conferences- [EXPO](#) and [Small Urban Network \(SUN\)](#)
- Emerging Leaders Academy
- [Members-Only Website and Forums](#)

We value the input and insight of our members. You'll have numerous opportunities as a member to help set the Association's policy, training, research and resource agenda.

When you need us, we're here for you– reach out to Association leaders including the [staff](#) and [Board Members](#).

Thank you and please don't hesitate to contact your membership team at membership@ctaa.org

With Warm Regards,
Loreal Lance
Membership Director

Passenger Assistance, Safety And Sensitivity (PASS)

CLICK TO CHAT



THE INDUSTRY STANDARD

ABOUT

CTAA's Passenger Assistance, Safety and Sensitivity (PASS) driver training program is the recognized industry standard when it comes to ensuring that your passengers are transported in the most safe, sensitive and careful manner possible.

PASS is ideal for non-emergency medical transportation (NEMT) trips, for ADA paratransit services, for specialized transit for older passengers, for human and social service riders — really any transportation operation where the passengers require extra care.

PASS trained drivers know how to safely transport everyone.

[CLICK TO CHAT](#)



- Review the PASS Program Handbook

WHY PASS?

Consider the following:

- Every day, an average of 150 drivers successfully complete either the PASS On-Line or PASS Classroom training curriculum, and pass the certification test. Today, more than 150,000 drivers providing trips across the country, are PASS Certified.
- Annually, CTAA gathers a council of PASS Master Trainers to discuss trends and potential new content they've encountered in delivering the PASS Classroom curriculum. Routinely, what emerges from this meeting are direct improvements in PASS dynamic and up-to-date.

CLICK TO CHAT



- PASS training has been incorporated successfully into NEMT brokerage operations, door-to-door ride hailing services, Section 5310 specialized service for seniors and people with disabilities, VA-sponsored operations for isolated veterans, urban ADA complimentary paratransit service and rural demand-response transit on tribal reservations.

CLICK TO CHAT



PASS Basic

Passenger Assistance Safety & Sensitivity

The Industry Standard



PASS ONLINE

Available right away and completely on-line, with seven distinct modules, each with a test for understanding at the end which must be passed to move onto the next. Upon completion, participants will immediately receive their certificates.

Be advised, PASS On-Line does not include a hands-on wheelchair securement component, which CTAA highly recommends.

[CLICK TO CHAT](#)





PASS CLASSROOM

Available on a scheduled basis, this two-day course both replicates the PASS On-Line curriculum and includes the hands-on wheelchair safety and securement training. For drivers who have successfully completed the PASS On-Line course, we offer the ability to schedule participation in the in-person wheelchair safety and securement within a scheduled PASS Classroom session. CTAA recommends, for the most complete PASS training experience, that drivers either combine the On-Line with the hands-on wheelchair securement training or attend the two-day classroom session.

[CLICK TO CHAT](#)





TRAIN-THE-TRAINER

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The Community Transportation Association of America (CTAA) and its members believe that mobility is a basic human right. From work and education to life-sustaining health care and human services programs to shopping and visiting with family and friends, mobility directly impacts quality of life.

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J. Thad President & CEO

SEE IMPORTANT MESSAGE ON REVERSE SIDE

BP-1 (02/20) **FINANCIAL RESPONSIBILITY IDENTIFICATION CARD**

This card must be shown to any Law Enforcement Officer upon request.

- | | | |
|-------------------------------------|---|-----------------------|
| <input type="checkbox"/> | Selective Insurance Co. of South Carolina, Carmel, IN 46032 | NAIC NUMBER:
19259 |
| <input type="checkbox"/> | Selective Insurance Company of America, Branchville, NJ 07890 | 12572 |
| <input checked="" type="checkbox"/> | Selective Insurance Co. of the Southeast, Carmel, IN 46032 | 39928 |

An authorized Pennsylvania insurer has issued an Owner's Policy of Liability Insurance under the Pennsylvania Motor Vehicle Financial Responsibility Law.

POLICY NUMBER	F 5294038	EFFECTIVE	EXPIRATION
		11/12/2024	05/12/2025

STACEY DAMICO
DONALD DAMICO

526 GAMMA DR
WERNERSVILLE, PA 19565-9232

NOT VALID MORE THAN 1 YEAR
FROM EFFECTIVE DATE

Applicable with respect to the following Motor Vehicle:

<u>2019</u>	<u>DODGE</u>	<u>2C7HDGBG2KR759485</u>
Year	Make	Vehicle Identification Number

J. Thad President & CEO

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EXHIBIT
17

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 01/19/2022
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NAME OF PROVIDER OR SUPPLIER: I AM HOME CARE, LLC STATE LICENSE NUMBER: 35753601	STREET ADDRESS, CITY, STATE, ZIP CODE: 238 NORTH 12TH STREET READING, PA 19604
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE
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H 0000	<p>INITIAL COMMENT</p> <p>An offsite follow-up survey conducted on 1/25/2022, found that I Am Home Care, LLC , had corrected the deficiency cited under 35 P.S. § 448.809 (b). The deficiency was cited as a result of a re-licensure survey completed on 12/03/2021.</p>	H 0000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE:	(X6) DATE:



Certified End Page

I AM HOME CARE, LLC

STATE LICENSE NUMBER: 35753601

SURVEY EXIT DATE: 01/19/2022

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Handwritten signature of Susan Coble in black ink.

Susan Coble
Deputy Secretary for Quality Assurance

Handwritten signature of Keara Klinepeter in black ink.

Keara Klinepeter
Acting Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 12/03/2021
NAME OF PROVIDER OR SUPPLIER: I AM HOME CARE, LLC STATE LICENSE NUMBER: 35753601			STREET ADDRESS, CITY, STATE, ZIP CODE: 238 NORTH 12TH STREET READING, PA 19604		
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H 0000	INITIAL COMMENT Based on the findings of an onsite unannounced home care agency state re-licensure survey and complaint investigation survey conducted on December 3, 2021, I Am Home Care, LLC was found to be in compliance with the requirements of 28 Pa. Code, Health Facilities, Part IV, Chapter 51, Subpart A.	H 0000			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE:	(X6) DATE:	

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/03/2021
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STATE LICENSE NUMBER: 35753601				
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H 0000	INITIAL COMMENT Based on the findings of an onsite unannounced state licensure survey and complaint investigation survey completed December 3, 2021, I Am Home Care, LLC was found not to be in compliance with the following requirements of 35 P.S. § 448.809 (b).	H 0000		
H 0010		H 0010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/03/2021
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H 0010	Continued from page 2 35 P. S. § 448.809b Photo Id Reg Law amended July 11, 2022 Act 79 2022 HB 2604 (1) The photo identification tag shall include a recent photograph of the employee, the employee's first name, the employee's title and the name of [the health care facility or employment agency.] any of the following: (i) The health care facility. (ii) The health system. (iii) The employment agency. (iv) The fictitious name of an entity under subparagraph (i), (ii) or (iii) which is registered with the Department of State under 54 Pa.C.S. Ch. 3 (relating to fictitious names) or a successor statute. (2) The title of the employee shall be as large as possible in block type and shall occupy a one-half inch tall strip as close as practicable to the bottom edge of the badge. (3) Titles shall be as follows: (i) A Medical Doctor shall have the title "Physician." (ii) A Doctor of Osteopathy shall have the title "Physician." (iii) A Registered Nurse shall have the title "Registered Nurse." (iv) A Licensed Practical Nurse shall have the title "Licensed Practical Nurse." (v) All other titles shall be determined by the	H 0010	We will make sure all ID's are visible to the clients. All badges will show the employees title in block lettering as large as possible, one-half inch tall and as close to the bottom edge of the badge. We will have the guideline printed/formatted for the CEO who makes the ID badges to ensure the state guidelines are met. We will also be auditing ourselves once a month to make sure we stay in compliance. We will also be calling all active employees to come into the office for new badges that follow the new guideline we were given	Completion Date: 01/17/2022 Status: APPROVED Date: 12/13/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/03/2021
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H 0010	Continued from page 3 department. Abbreviated titles may be used when the title indicates licensure or certification by a Commonwealth agency. (4)A notation, marker or indicator included on an identification badge that differentiates employees with the same first name is considered acceptable in lieu of displaying an employee's last name. This REGULATION is not met as evidenced by:	H 0010		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/03/2021
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H 0010	Continued from page 4 Based on review of the ID badge and interview with the agency administrator the agency failed to ensure that employee badges showed the title of the employee in block type, as large as possible occupying a one-half inch tall strip as close as practicable to the bottom edge of the badge for one (1) of one (1) observed badge. Badge #1. Findings include: Badge #1 observed on December 3, 2021 at approximately 12:30PM showed the employee's title on the right-hand side of the badge and not as close as practicable to the bottom edge. The font was not block type nor as large as possible. Interview with the agency administrator conducted December 3, 2021 at approximately 1:00PM confirmed the above findings.	H 0010		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/03/2021
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S 0000	INITIAL COMMENT	S 0000		
S 0200	Based on the findings of an onsite home care agency state re-licensure survey and complaint investigation survey conducted on December 3, 2021, I Am Home Care, LLC was found not to be in compliance with the requirements of 28 Pa. Code, Health Facilities, Part IV, Chapter 611, Subpart H. Home Care Agencies and Home Care Registries.	S 0200		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/03/2021
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S 0200	Continued from page 1 611.51(a) Hiring or Rostering Prerequisites Prior to hiring or rostering a direct care worker, the home care agency or home care registry shall: (1) Conduct a face-to-face interview with the individual. (2) Obtain not less than two satisfactory references for the individual. A satisfactory reference is a positive, verifiable reference, either verbal or written, from a former employer or other person not related to the individual that affirms the ability of the individual to provide home care services. (3) Require the individual to submit a criminal history report, in accordance with the requirements of § 611.52 (relating to criminal background checks), and a ChildLine verification, if applicable, in accordance with the requirements of § 611.53 (relating to child abuse clearance). This REGULATION is not met as evidenced by:	S 0200	Our administrator created an in person interview paper to be dated, signed, an filled out by the interviewer who would either be the CEO, Director of operations, or administrative assistant. Also created a form for when references are called that are to be filled out by the person calling either the Director of operations, administrator or administrative assistants to verify the references. The agency will document the in person interview in order to assess where the caregiver will best fit the clients needs. To ensure the problem does not recur all persons who are giving the interview are trained to fill out the correct documentation. To ensure all remedies are sustained an audit will be done monthly by our Director of operations.	Completion Date: 01/17/2022 Status: APPROVED Date: 12/13/2021

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S 0200	Continued from page 2 Based on review of personnel files (PF) and interview with agency administrator the agency failed to ensure documentation of a completed face-to-face interview and two (2) satisfactory references being verified for six (6) of six (6) files reviewed. (PF #1, #2, #3, #4, #5, & #6). Findings include: PF #1, Date of Hire (DOH) 2/23/20 reviewed on December 3, 2021 at approximately 11:10AM contained no documentation of a face-to-face interview being completed or 2 satisfactory references being verified. PF #2, DOH:12/26/20 reviewed on December 3, 2021 at approximately 11:20AM contained no documentation of a face-to-face interview being completed or 2 satisfactory references being verified. PF #3, DOH:12/31/20 reviewed on December 3, 2021 at approximately 11:30AM contained no	S 0200		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/03/2021
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S 0200	Continued from page 3 documentation of a face-to-face interview being completed or 2 satisfactory references being verified. PF #4, DOH:12/26/20 reviewed on December 3, 2021 at approximately 11:40AM contained no documentation of a face-to-face interview being completed or 2 satisfactory references being verified. PF #5, DOH:1/16/21 reviewed on December 3, 2021 at approximately 11:50AM contained no documentation of a face-to-face interview being completed or 2 satisfactory references being verified. PF #6, DOH:7/7/20 reviewed on December 3, 2021 at approximately 12:00PM contained no documentation of a face-to-face interview being completed or 2 satisfactory references being verified. Interview with the agency administrator conducted	S 0200		

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S 0200	Continued from page 4 December 3, 2021 at approximately 1:00PM confirmed the above findings.	S 0200		
S 0300	611.52(a) Criminal Background Checks The home care agency or home care registry shall require each applicant for employment or referral as a direct care worker to submit a criminal history report obtained at the time of application or within 1 year immediately preceding the date of application. This REGULATION is not met as evidenced by:	S 0300	We have added the Consumer Notice of Direct Care Worker Status form for clients to read and sign in order to protect the patient. We will request a background check a day or two prior to when the caregiver starts work at the clients house. The administrator who is in charge of the background checks will be trained on when to run the background check. In order to ensure the remedy is sustained we will be audited once a month to stay in compliance by the Director of Operations	Completion Date: 01/17/2022 Status: APPROVED Date: 12/13/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/03/2021
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S 0300	Continued from page 5 Based on review of personnel files and interview with the agency administrator the agency failed to ensure that criminal background checks were completed at the time of application or within one (1) year preceding the date of application for six (6) of six (6) . (PF #1, #2, #3, #4, #5 & #6). Findings include: PF #1, Date of Hire (DOH) 2/23/20 reviewed on December 3, 2021 at approximately 11:10AM contained a Pa. State Criminal history (PATCH) report dated 3/1/21. PF #2, DOH:12/26/20 reviewed on December 3, 2021 at approximately 11:20AM contained a Pa. State Criminal history (PATCH) report dated 1/28/21. PF #3, DOH:12/31/20 reviewed on December 3, 2021 at approximately 11:30AM contained a Pa. State Criminal history (PATCH) report dated	S 0300		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/03/2021
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S 0300	Continued from page 6 1/27/21. PF #4, DOH:12/26/20 reviewed on December 3, 2021 at approximately 11:40AM contained a Pa. State Criminal history (PATCH) report dated 1/27/21. PF #5, DOH:1/16/21 reviewed on December 3, 2021 at approximately 11:50AM contained a Pa. State Criminal history (PATCH) report dated 7/10//20. PF #6, DOH:7/7/20 reviewed on December 3, 2021 at approximately 12:00PM contained a Pa. State Criminal history (PATCH) report dated 4/22/20. Interview with the agency administrator conducted December 3, 2021 at approximately 1:00PM confirmed the above findings.	S 0300		

Pennsylvania Department of Health

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S 0300	Continued from page 7	S 0300		
S 0610		S 0610		

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S 0610	Continued from page 8 611.55(d) Competency Requirements (d) The home care agency or home care registry shall include documentation of the direct care worker's satisfactory completion of competency requirements in the direct care worker's file. This REGULATION is not met as evidenced by:	S 0610	We will grade all competency test for new hires and document it in their file which will be done by then administrative assistants. To ensure proper care of clients all care givers will receive continuous education in non medical care giving. The caregivers will have to take annual competency test to ensure they give an adequate level of care to the clients. Documentation will be checked in house quarterly by either the CEO or our Director of Operations to ensure we stay updated. A monthly audit will be conducted to make sure we stay in compliance with the state. Will call all caregivers to come into the office to do their annual test.	Completion Date: 01/17/2022 Status: APPROVED Date: 12/13/2021

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S 0610	Continued from page 9 Based on review of personnel files and interview with administrator the agency failed to ensure complete documentation of employee's satisfactory completion of competency requirements for three (3) of six (6) files reviewed. (PF #2, #3, & #6). Findings include: PF #2, DOH:12/26/20 reviewed on December 3, 2021 at approximately 11:20AM contained an incomplete competency test with no date or score. PF #3, DOH:12/31/20 reviewed on December 3, 2021 at approximately 11:30AM contained an incomplete competency test with no date or score. PF #6, DOH:7/7/20 reviewed on December 3, 2021 at approximately 12:00PM contained contained an incomplete competency test with no date or score.	S 0610		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/03/2021
NAME OF PROVIDER OR SUPPLIER: I AM HOME CARE, LLC STATE LICENSE NUMBER: 35753601		STREET ADDRESS, CITY, STATE, ZIP CODE: 238 NORTH 12TH STREET READING, PA 19604		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETE DATE
S 0610	Continued from page 10	S 0610		
S 0621	<p>611.55(e) Competency Requirements</p> <p>The competency review must occur at least once per year after initial competency is established, and more frequently when discipline or other sanction, including, for example, a verbal warning or suspension, is imposed because of a quality of care infraction.</p> <p>This REGULATION is not met as evidenced by:</p>	S 0621	<p>We will grade all competency test for new hires and document it in their file. Will be completed by one of the administrative assistants. To ensure proper care of clients all care givers will receive continuous education in non medical care giving. The caregivers will have to take annual competency test to ensure they give an adequate level of care to the clients. Documentation will be checked in house quarterly by the Director of Operations to ensure we stay updated. A monthly audit will be conducted by the CEO to make sure we stay in compliance with the state. Will call all caregivers to come into the office to do their annual test, will be dated and signed</p>	<p>Completion Date: 01/17/2022 Status: APPROVED Date: 12/13/2021</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/03/2021
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S 0621	Continued from page 11 Based on review of personnel files and interview with the agency administrator the agency failed to ensure documentation of an annual competency for two (2) of six (6) . (PF #1, & #6). Findings include: PF #1, Date of Hire (DOH) 2/23/20 reviewed on December 3, 2021 at approximately 11:10AM contained no documentation of an annual competency. PF #6, DOH:7/7/20 reviewed on December 3, 2021 at approximately 12:00PM contained no documentation of an annual competency. Interview with the agency administrator conducted December 3, 2021 at approximately 1:00PM confirmed the above findings.	S 0621		

Pennsylvania Department of Health

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S 0621	Continued from page 12	S 0621		
S 0710		S 0710		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/03/2021
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S 0710	Continued from page 13 611.56(b) Health Screening (b) A home care agency or home care registry shall require each direct care worker, and other office staff or contractors with direct consumer contact, to update the documentation required under subsection (a) at least every 12 months and provide the documentation to the agency or registry. The 12 months must run from the date of the last evaluation. The documentation required under subsection (a) shall be included in the individual's file. This REGULATION is not met as evidenced by:	S 0710	To protect clients and caregivers we will ensure caregivers are re-educated with TB by giving them the https://www.cdc.gov/tb/education/provider_edmaterials.htm website. Will require them do the modules and take the test at the end, they will have to take show proof of the education being completed. We will have them sign and date the paper. It will be filed in their employment folder. We will be going thru all the employee files making a list of all caregivers to inform them the yearly tb re-education must be done and brought in. We will be doing an in house audit done by an RN once a month to make sure we stay in compliance with the state and dont fall behind.	Completion Date: 01/17/2022 Status: APPROVED Date: 12/13/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/03/2021	
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S 0710	<p>Continued from page 14</p> <p>Based on review of CDC guidelines, personnel files (PF) and interview with administrator the agency failed to ensure documentation of annual TB education being provided for six (6) of six (6) files reviewed. (PF #1, #2, #3, #4, #5 & #6).</p> <p>Findings include:</p> <p>The CDC guidelines state that all Health Care Workers (HCW) should receive baseline tuberculosis screening upon hire, using a two-step tuberculin skin test (TST) or a single blood assay for tuberculosis (TB) to test for infection with tuberculosis. HCWs with a baseline positive or newly positive test for tuberculosis infections should receive one chest radiograph result to exclude tuberculosis disease. (CDC Guidelines for preventing the transmission of Mycobacterium tuberculosis in health-care settings, 2005; Morbidity and Mortality World Report 2005; RR-17'). (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf)</p>	S 0710		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 12/03/2021
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S 0710	Continued from page 15 *Baseline (preplacement) screening and testing, in addition to the IGRA (interferon-gamma release assay) or TST, shall include a symptom screen questionnaire and an individual TB risk assessment. Serial screening and testing not routinely recommended. Annual TB education is recommended. (CDC/MMWR/May 17, 2019/Vol. 68/No. 19). PF #1, Date of Hire (DOH) 2/23/20 reviewed on December 3, 2021 at approximately 11:10AM contained no documentation of annual TB education being provided. PF #2, DOH:12/26/20 reviewed on December 3, 2021 at approximately 11:20AM contained no documentation of annual TB education being provided. PF #3, DOH:12/31/20 reviewed on December 3, 2021 at approximately 11:30AM contained no documentation of annual TB education being	S 0710		

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S 0710	Continued from page 16 provided. PF #4, DOH:12/26/20 reviewed on December 3, 2021 at approximately 11:40AM contained no documentation of annual TB education being provided. PF #5, DOH:1/16/21 reviewed on December 3, 2021 at approximately 11:50AM contained no documentation of annual TB education being provided. PF #6, DOH:7/7/20 reviewed on December 3, 2021 at approximately 12:00PM contained no documentation of annual TB education being provided. Interview with the agency administrator conducted December 3, 2021 at approximately 1:00PM confirmed the above findings.	S 0710		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 12/03/2021
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S 0710	Continued from page 17	S 0710			



Certified End Page

I AM HOME CARE, LLC

STATE LICENSE NUMBER: 35753601

SURVEY EXIT DATE: 12/03/2021

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey

Handwritten signature of Susan Coble in black ink.

Susan Coble
Deputy Secretary for Quality Assurance

Handwritten signature of Alison V. Beam in black ink.

Alison V. Beam
Acting Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 10/29/2024
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H 0000	INITIAL COMMENT Based on the findings of an onsite unannounced home care agency state re-licensure survey conducted on October 29, 2024, Harmony Home Care, was found to be in compliance with the requirements of 35 P.S. § 448.809 (b).	H 0000		

Pennsylvania Department of Health

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S 0000	INITIAL COMMENT	S 0000		
S 0320	Based on the findings of an onsite unannounced home care agency state re-licensure survey conducted on October 29, 2024, I Am Home Care, LLC, was found not to be in compliance with the requirements of 28 Pa. Code, Health Facilities, Part IV, Chapter 611, Subpart H. Home Care Agencies and Home Care Registries.	S 0320		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE:		(X6) DATE:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 10/29/2024
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S 0320	Continued from page 1 611.52(c) Federal Criminal History Record If the individual required to submit or obtain a criminal history report has not been a resident of this Commonwealth for the 2 years immediately preceding the date of the request for a criminal history report, the individual shall obtain a federal criminal history record and a letter of determination from the Department of Aging, based on the individual ' s Federal criminal history record, in accordance with the requirements at 6 PA. Code § 15.144(b) (relating to procedure). This REGULATION is not met as evidenced by:	S 0320	Will have DCW get a federal background check. Compliance supervisor will create documentation form to be filled out and added to DCW file if DCW does not have a PA license or can't prove DCW has not been a resident of PA for the past 2 years. DCW will obtain clearance from FBI through PA DOA by start date with the patient. Office staff will be retrained by Director of Operations to know and follow the regulations on what to do if a DCW applies for a position without a PA license. Office admin will audit current files to see who doesn't meet the requirements and have a federal background done by corrective action date	Completion Date: 12/27/2024 Status: APPROVED Date: 11/12/2024

Pennsylvania Department of Health

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S 0320	Continued from page 2 Based upon personnel file (PF) review and interview with the agency's Administrator, it was determined that the agency failed to ensure documentation of a federal criminal history record and a letter of determination from the Pennsylvania Department of Aging, for direct care workers who have not been a resident of the Commonwealth for the previous two years for one (1) out of seven (7) personnel files reviewed (PF#7). Findings include: Personnel files were reviewed on 10/29/2024 from approximately 11:00 AM- 11:30 AM revealing the following: PF#7 (Date of hire (DOH): 7/19/2024): File contained a New Jersey Driver's License as a form of identification. No documentation of a federal criminal history record and a letter of determination from the Pennsylvania Department of Aging.	S 0320		

Pennsylvania Department of Health

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S 0320	Continued from page 3 An interview with the agency Administrator on 10/29/2024 at approximately 12:00 PM confirmed the above findings.	S 0320			
S 0700		S 0700			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 10/29/2024
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S 0700	Continued from page 4 611.56(a) Health Screening (a) A home care agency or home care registry shall insure that each direct care worker and other office staff or contractors with direct consumer contact, prior to consumer contact, provide documentation that the individual has been screened for and is free from active mycobacterium tuberculosis. This REGULATION is not met as evidenced by:	S 0700	Office staff and supervisors will be retrained by Director of Operations to have DCW take a TST or a single blood assay for TB before DCW start work with a client. DCW with a baseline positive or newly positive test for tuberculosis infections should receive one chest radiograph result to exclude tuberculosis disease. Compliance Supervisor will create symptom screen questionnaire for individuals to fill out prior to being placed in patient's home so they will not be at risk to contracting tuberculosis. Office admin will audit current active employee files to see who is missing the baseline TB screening questionnaire and have them fill out the paperwork by corrective action date. Office staff member E.G. will look through questionnaire to ensure DCW isn't at risk. Office Supervisor will check for paperwork to be completed in the files. Director of Operations will do a final check to ensure paperwork is done.	Completion Date: 12/27/2024 Status: APPROVED Date: 11/12/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 10/29/2024
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S 0700	Continued from page 5 Based upon personnel file review and an interview with the agency administrator, it was determined the agency failed to ensure the direct care worker, prior to consumer contact, was screened for mycobacterium tuberculosis, in accordance with CDC (Center for Disease and Control) guidelines for seven (7) out of seven (7) personnel files (PF) reviewed (PF#1 -PF#7). Findings include: The CDC guidelines state that all Health Care Workers (HCW) should receive baseline tuberculosis screening upon hire, using a two-step tuberculin skin test (TST) or a single blood assay for tuberculosis (TB) to test for infection with tuberculosis. After baseline testing for infection with tuberculosis, HCWs should receive TB screening annually. HCWs with a baseline positive or newly positive test for tuberculosis infections should receive one chest radiograph result to exclude	S 0700		

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S 0700	Continued from page 6 tuberculosis disease. (CDC Guidelines for preventing the transmission of Mycobacterium tuberculosis in health-care settings, 2005. Morbidity and Mortality World Report 2005; RR-17'). (http://www.cdc.gov/mmwr/pdf/rr/rr5417.pdf) <i>*Baseline (preplacement) screening and testing, in addition to the IGRA (interferon-gamma release assay) or TST, shall include a symptom screen questionnaire and an individual TB risk assessment. Serial screening and testing not routinely recommended. Annual TB education is recommended. (CDC/MMWR/May 17, 2019/Vol. 68/No. 19).</i> Personnel files were reviewed on 10/29/24 from approximately 11:00 AM -11:30 AM revealing the following: PF#1 (Date of hire (DOH) 6/24/2024): No documentation of completed baseline testing. PF#2 (DOH: 6/28/2024): No documentation of completed baseline testing.	S 0700		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 10/29/2024
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S 0700	Continued from page 7 PF#3 (DOH: 7/26/2024): No documentation of completed baseline testing. PF included documentation of only one (1) TST. PF#4 (DOH: 7/24/2024): No documentation of completed baseline testing. PF#5 (DOH: 7/24/2024): No documentation of completed baseline testing. PF included documentation of only one (1) TST. PF#6 (DOH: 6/03/2024): No documentation of completed baseline testing. PF included documentation of only one (1) TST. PF#7 (DOH: 7/19/2024): No documentation of completed baseline testing. PF included documentation of only one (1) TST An interview with the agency administrator on 10/29/24 at approximately 12:00 PM confirmed the above findings.	S 0700		

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NAME OF PROVIDER OR SUPPLIER: I AM HOME CARE, LLC STATE LICENSE NUMBER: 35753601		STREET ADDRESS, CITY, STATE, ZIP CODE: 238 NORTH 12TH STREET READING, PA 19604		
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S 0820	611.57(c) Information to be Provided (c) Prior to the commencement of services, the home care agency or home care registry shall provide to the consumer, the consumer's legal representative or responsible family member an information packet containing the following information in a form that is easily read and understood: (1) A listing of the available home care services that will be provided to the consumer by the direct care worker and the identity of the direct care worker who will provide the services. (2) The hours when those services will be provided. (3) Fees and total costs for those services on an hourly or weekly basis. (4) Who to contact at the Department for information about licensure requirements for a home care agency or home care registry and for compliance information about a particular home care agency or home care registry. (5) The Department's complaint Hot Line (1-800-254-5164) and the telephone number of the Ombudsman Program located with the local Area Agency on Aging (AAA). (6) The hiring and competency requirements applicable to direct care workers employed by the home care agency or referred by the home care registry. (7) A disclosure, in a format to be published by the Department in the Pennsylvania Bulletin by February 10, 2010, addressing the employee or independent contractor status of the direct care worker providing services to the consumer, and the resultant respective tax and insurance obligations and other responsibilities of the consumer and the home care agency or home care registry. This REGULATION is not met as evidenced by:	S 0820	Compliance Supervisor will create paperwork for clients to sign that has the phone numbers to the complaint hotline, local Ombudsman with the local Area Agency on Aging and Adult abuse hotline. Client Intake Specialist will ensure paperwork is signed by clients and clients have a copy as well. Director of Operations will do final check to make sure all current client files, and future clients have this paperwork in the file. Intake specialist will audit current client files and identify who's missing the new paperwork and have them sign it to add to their file by corrective action date while giving them a copy as well so the patients will have the important phone numbers as well.	Completion Date: 12/27/2024 Status: APPROVED Date: 11/12/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 10/29/2024
NAME OF PROVIDER OR SUPPLIER: I AM HOME CARE, LLC STATE LICENSE NUMBER: 35753601		STREET ADDRESS, CITY, STATE, ZIP CODE: 238 NORTH 12TH STREET READING, PA 19604		
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S 0820	Continued from page 9 Based on consumer file (CF) review and an interview with the agency administrator, it was determined the agency failed to ensure, prior to the commencement of services, the consumer, the consumer's legal representative or responsible family member was provided with the following information: 1. The Department's complaint Hot Line (1-800-254-5164) 2. the telephone number of the Ombudsman Program located with the local Area Agency on Aging (AAA) 3. Who to contact at the Department for information about licensure requirements for a home care agency or home care registry and for compliance information about a particular home care agency or home care registry, for seven (7) out of seven (7) consumer files reviewed (CF#1-CF#7) Findings included: CF#1-CF#7 were reviewed on 10/29/2024 from approximately 10:30 AM-11:00 AM revealing the following.	S 0820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 10/29/2024
NAME OF PROVIDER OR SUPPLIER: I AM HOME CARE, LLC STATE LICENSE NUMBER: 35753601		STREET ADDRESS, CITY, STATE, ZIP CODE: 238 NORTH 12TH STREET READING, PA 19604		
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S 0820	Continued from page 10 CF#1 (Start of care (SOC): 8/27/2023): No documentation of the following: 1. The Department's complaint Hot Line (1-800-254-5164) 2. the telephone number of the Ombudsman Program located with the local Area Agency on Aging (AAA) 3. Who to contact at the Department for information about licensure requirements for a home care agency or home care registry and for compliance information about a particular home care agency or home care registry. CF#2 (SOC: 3/27/2023): No documentation of the following: 1. The Department's complaint Hot Line (1-800-254-5164) 2. the telephone number of the Ombudsman Program located with the local Area Agency on Aging (AAA) 3. Who to contact at the Department for information about licensure requirements for a home care agency or home care registry and for compliance information about a particular home care agency or home care registry. CF#3 (SOC: 7/16/2021): No documentation of the	S 0820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 10/29/2024
NAME OF PROVIDER OR SUPPLIER: I AM HOME CARE, LLC STATE LICENSE NUMBER: 35753601		STREET ADDRESS, CITY, STATE, ZIP CODE: 238 NORTH 12TH STREET READING, PA 19604		
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S 0820	Continued from page 11 following: 1. The Department's complaint Hot Line (1-800-254-5164) 2. the telephone number of the Ombudsman Program located with the local Area Agency on Aging (AAA) 3. Who to contact at the Department for information about licensure requirements for a home care agency or home care registry and for compliance information about a particular home care agency or home care registry. CF#4(SOC: 6/23/2021): No documentation of the following: 1. The Department's complaint Hot Line (1-800-254-5164) 2. the telephone number of the Ombudsman Program located with the local Area Agency on Aging (AAA) 3. Who to contact at the Department for information about licensure requirements for a home care agency or home care registry and for compliance information about a particular home care agency or home care registry. CF#5 (SOC: 4/06/2021): No documentation of the following: 1. The Department's complaint Hot Line (1-800-254-5164) 2. the telephone number of the Ombudsman Program located with the local Area	S 0820		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____	(X3) DATE SURVEY COMPLETED: 10/29/2024
NAME OF PROVIDER OR SUPPLIER: I AM HOME CARE, LLC STATE LICENSE NUMBER: 35753601		STREET ADDRESS, CITY, STATE, ZIP CODE: 238 NORTH 12TH STREET READING, PA 19604		
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S 0820	Continued from page 12 Agency on Aging (AAA) 3. Who to contact at the Department for information about licensure requirements for a home care agency or home care registry and for compliance information about a particular home care agency or home care registry. CF#6 (SOC: 7/12/2021): No documentation of the following: 1. The Department's complaint Hot Line (1-800-254-5164) 2. the telephone number of the Ombudsman Program located with the local Area Agency on Aging (AAA) 3. Who to contact at the Department for information about licensure requirements for a home care agency or home care registry and for compliance information about a particular home care agency or home care registry. CF#7 (SOC: 8/07/2021): No documentation of the following: 1. The Department's complaint Hot Line (1-800-254-5164) 2. the telephone number of the Ombudsman Program located with the local Area Agency on Aging (AAA) 3. Who to contact at the Department for information about licensure requirements for a home care agency or home care	S 0820		

Pennsylvania Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 3575	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 10/29/2024
NAME OF PROVIDER OR SUPPLIER: I AM HOME CARE, LLC STATE LICENSE NUMBER: 35753601			STREET ADDRESS, CITY, STATE, ZIP CODE: 238 NORTH 12TH STREET READING, PA 19604		
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S 0820	Continued from page 13 registry and for compliance information about a particular home care agency or home care registry. An interview with the agency administrator on 10/29/2024 at approximately 12:00 PM confirmed the above findings.	S 0820			



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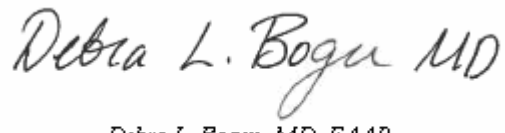
I AM HOME CARE, LLC

STATE LICENSE NUMBER: 35753601

SURVEY EXIT DATE: 10/29/2024

I Certify This Document to be a True and Correct Statement of Deficiencies and Approved Facility Plan of Correction for the Above-Identified Facility Survey


Jeanne Parisi
Deputy Secretary for Quality Assurance


Debra L. Bogen, MD, FAAP
Secretary of Health



**Pennsylvania
Department of Health**

THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY