



Summons - For Civil Penalties Only

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE • Division of Environmental Health

Permit/Accela/CAMIS No.

50059413

Complaint No.

L2017-0014

Inspection Date

01/11/17

Time

☐ AM☒ PM

16:40

2 / 21 / 2017

9:30

AM

PM

HEARING DATE

☒ AM☐ PM

BUREAU

EDIP/HHP

A hearing in this matter has been scheduled at the NYC Office of Administrative Trials and Hearings — Hearings Division 1-844-OATH-NYC (1-844-628-4692): NYC Charter Sections 1048 and 1049 and the Rules of the City of New York authorize the NYC Office of Administrative Trials and Hearings (OATH) to hold hearings. For hearing options, see other side of this Summons.

☐ Bronx3030 Third Avenue
Bronx, NY 10455☐ Brooklyn9 Bond Street, 6th Floor
Brooklyn, NY 11201☒ Manhattan66 John Street, 11th Floor
New York, NY 10038☐ Queens31-00 47th Ave, 3rd Floor
Long Island City, NY 11101☐ Staten Island350 St. Marks Place
Staten Island, NY 10301

► You must respond to this Summons by either appearing at the scheduled hearing or by following one of the other options listed on the back of this Summons.

► Failure to respond may result in a default judgement being issued against you, which means you will be found in violation of all allegations described below and any fines imposed will be doubled.

► Please read the back of this Summons carefully, as it contains instructions regarding your rights, options, and obligations for responding to the allegations.

VIOLATION ADDRESS

ADDRESS NO. & STREET

BOROUGH

STATE

ZIP

120 Lexington Avenue, CMH. New York, NY

10016

Visit nyc.gov/healthcode to find the NYC Health Code and Health Department regulations.

SUMMONS # 00698-17Q

← You must reference the Summons Number listed to the left in all correspondence or inquiries to the Hearings Division.

CONDITION CODE SECTION (Unless otherwise noted Code is the NYC Health Code) DESCRIPTION

NO. H1 3.09 Creating a dust or a lead dust nuisance, in that work was not in progress at time of inspection; however, visible construction dust was observed on all common areas floors from 1st to 4th floor.

CONDITION CODE SECTION (Unless otherwise noted Code is the NYC Health Code) DESCRIPTION

NO. [Blank]

CONDITION CODE SECTION (Unless otherwise noted Code is the NYC Health Code) DESCRIPTION

NO. Proceedings will be held under the authority of NYC charter section 558 and the rules of the City of New York titles 1-v.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE EMPLOYEES MUST SHOW IDENTIFICATION. I, an employee of the agency named above, affirm under penalty of perjury that I personally observed the commission of the violation(s) charged above and/or verified their existence through a review of departmental records. False statements made herein are punishable as a Class A Misdemeanor pursuant to section 210.45 of the Penal Law.

DOHMH REP. SIGNATURE:

NAME (PRINT)

Mohammed Zernabdeen

I.D. #

1787

RECEIVED BY: NAME (PRINT)

7016 2146 0001 0102 1725

SIGNATURE

TITLE

518507

I acknowledge that I have received a copy of this Summons and instructions for responding, and that I am authorized to accept service of this Summons.

☐ RESPONDENT MUST APPEAR IN PERSON

Page 1 of 1 Pages

Respondent
120 Lexington Avenue Corp
d/b/a
Skylark Management
Address No. and Street
5846 South Flamingo Road #238
Borough State ZIP
Cooper City FL 33330

THE RESPONDENT IS SUMMONED TO APPEAR AND RESPOND

Date: 1/11/17	Start Time: 1640	End Time: 1705	New York City Department of Health and Mental Hygiene Healthy Homes Program/Lead Poisoning Prevention 125 Worth Street, 6th Floor CN 58, New York, NY 10013 (646) 632-6002		Child ID Number	
Activity Type: <input type="checkbox"/> Case <input type="checkbox"/> Primary Prevention <input type="checkbox"/> 10-14 (Low Act)			<input checked="" type="checkbox"/> Work Practice Complaint <input type="checkbox"/> Peeling Paint Complaint		LASU Order Number C	
			INSPECTION REPORT		Docket Number 00698-17Q	
ADDRESS INFORMATION			LASU Number L20170014			
Child: (Last) (First)		Address Type Complaint	Building Type: <input type="checkbox"/> 1-2 Family <input checked="" type="checkbox"/> Multi Dwelling		Home Phone	
			Other		Cell Phone	
					Work Phone	
Address: <input type="checkbox"/> New		120 Lexington Avenue		Apt CMN 1-4	Floor 1	Borough 1
				Zip Code 10016	HD 14-0014	
OWNER INFORMATION						
Name: (Last) (First)		120 Lexington Avenue		Home Phone ()		Cell Phone
SKYLAND Management Corp.				Work Phone 954-742-0340		()
Address		5846 South Flamingo Rd.		Apt	City	State
		238 Cooper City			FL	Zip Code 33330
CONTRACTOR INFORMATION						
Company Name		Project Contact		Phone ()		Fax ()
Address		Apt	City	State	Zip Code	EPA Certificate Number
CASE EVENTS						
Event Code	Result Code	ENVIRONMENTAL EVENTS		SAFETY EVENTS		
		Event Code	Result Code	Event Code	Result Code	
Early Intervention	Window Guard	Sibling Information		SI VNOV		
<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected	<input type="checkbox"/> Violation <input type="checkbox"/> No Violation	Child ID Child ID				
Healthy Homes Inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No		Safe House: <input type="checkbox"/> Rejected <input type="checkbox"/> Accepted <input type="checkbox"/> Family Currently in Safe House				
SAMPLE INFORMATION						
Job #	Paint: # of XRF	Paint: # of Positive	Dust Wipes: # of Samples	Dust Wipes: # of Positive		
Other Samples - Type and Quantity (describe)						
HEALTH CODE VIOLATIONS						
General Provisions	Administrative Requirements	Work Methods		Occupant Protection		
<input type="checkbox"/> 3.05 <input type="checkbox"/> 3.07 <input checked="" type="checkbox"/> 3.09 <input type="checkbox"/> 3.15 <input type="checkbox"/> 173.13(a)(1)	<input type="checkbox"/> 173.14(c)(1)(A) <input type="checkbox"/> 173.14(c)(1)(B) <input type="checkbox"/> 173.14(c)(2)(A) <input type="checkbox"/> 173.14(c)(2)(B)(i)(aa) <input type="checkbox"/> 173.14(c)(2)(B)(i)(bb) <input type="checkbox"/> 173.14(c)(2)(B)(i)(cc) <input type="checkbox"/> 173.14(c)(2)(B)(ii)(aa) <input type="checkbox"/> 173.14(c)(2)(B)(ii)(bb) <input type="checkbox"/> 173.14(c)(2)(B)(iii) <input type="checkbox"/> 173.14(c)(3)(A)	<input type="checkbox"/> 173.14(d)(1)(A) <input type="checkbox"/> 173.14(d)(1)(B) <input type="checkbox"/> 173.14(d)(2)(A) <input type="checkbox"/> 173.14(d)(2)(B) <input type="checkbox"/> 173.14(d)(2)(C) <input type="checkbox"/> 173.14(d)(2)(D) <input type="checkbox"/> 173.14(d)(2)(E)	<input type="checkbox"/> 173.14(d)(2)(F) <input type="checkbox"/> 173.14(d)(3)(A) <input type="checkbox"/> 173.14(d)(3)(B) <input type="checkbox"/> 173.14(d)(3)(C) <input type="checkbox"/> 173.14(d)(3)(D) <input type="checkbox"/> 173.14(d)(3)(E) <input type="checkbox"/> 173.14(d)(4)	<input type="checkbox"/> 173.14(e)(1)(A)(i) <input type="checkbox"/> 173.14(e)(1)(A)(ii) <input type="checkbox"/> 173.14(e)(1)(B) <input type="checkbox"/> 173.14(e)(1)(C) <input type="checkbox"/> 173.14(e)(1)(D) <input type="checkbox"/> 173.14(e)(1)(E) <input type="checkbox"/> 173.14(e)(1)(F) <input type="checkbox"/> 173.14(e)(1)(G) <input type="checkbox"/> 173.14(e)(1)(H) <input type="checkbox"/> 173.14(e)(1)(I)(i) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(aa) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(bb) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(cc) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(dd) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(ee) <input type="checkbox"/> 173.14(e)(1)(I)(ii)(ff) <input type="checkbox"/> 173.14(e)(1)(I)(iii) <input type="checkbox"/> 173.14(e)(1)(I)(iv) <input type="checkbox"/> 173.14(e)(1)(I)(j)		
Healthy Homes Hazard: Fall Safety (Stairwells)						
311 Complaint Number: C1-1-1354351681						
PHS (Print) M. Jeanalabden		PHS (Signature) [Signature]		Badge # 3342	Employee ID # 1787	Date: 1/11/17
Copy Received By (Print) To be mailed.		Copy Received By (Signature)		Relationship to Child:		Date: 1/11/17
Supervisor (Print) Fatima Lamzouzi		Supervisor (Signature) F. Lamzouzi		Badge # 49	Employee ID # 0806	Date: 1/17/17
<input type="checkbox"/> URGENT! A field representative of the Department of Health and Mental Hygiene's Healthy Homes Program/Lead Poisoning Prevention was here today for an important visit. Please call us immediately at (646) 632-6002.						
<input type="checkbox"/> URGENTE! Un representante del Departamento de Salud y Salud Mental, Programa de Hogares Saludables/Prevención de Envenenamiento por Plomo, estuvo aquí hoy para una visita importante. Por favor llámenos inmediatamente al teléfono (646) 632-6002.						

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

Healthy Homes Program/Lead Poisoning Prevention
125 Worth Street, 6th Floor CN 58, New York, NY 10013
Tel. (646) 632-6002, Fax. (347) 396-8926 or (646) 632-6004


Page: 2 of 2

☒ Inspection Report Notes ☐ Progress Report ☐ Activity Report Notes

Address 120 Lexington Avenue			Child ID Number	
Apt. # CMN	Borough 1	Zip 10016	LASU Number 12017-0014	Order Number

Assessment/Observations/Comments

Visited premises to conduct Compliance inspection of an unsafe work practice complaint. Gained access into building via a tenant. Conducted visual walk-through inspection of all common areas from 1st to 4th floor. Work was not in progress at time of inspection; however, visible construction dust was observed on all common areas floors due to inadequate cleaning of the previous dust. Also observed that all stairwells are cracked and shaky and could be a fall safety hazard; therefore, a complaint was made to DOB via 311 with complaint # CL-1354351681. A telephone call was made to management at 954-742-0340 and a message was left.

Staff (Signature) 	Badge # 3342	I.D. # 1787	Date 1/11/17	Copy received by To be mailed.
Supervisor (Signature) F. Lamgoudi	Badge # 490806	I.D. #	Date 1/17/17	

INSPECTION REPORT: White (RSU); Canary (Data Entry & FSU); Pink (Public)
PROGRESS REPORT: White (RSU or FSU)

HEALTHY HOMES PROGRAM /
Lead Poisoning Prevention
Field Support Unit
125 Worth Street, 6th Fl. - Box CN58
New York, NY 10013

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL

7016 2140 0001 0102 3725

Lasu#2017-0014
120 Lexington Avenue Corp
5846 South Flamigo Road, #238
Cooper City, FL 33330

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

00698-17Q

Lasu#2017-0014
120 Lexington Avenue Corp
5846 South Flamigo Road, #238
Cooper City, FL 33330

9590 9402 2284 6225 1355 29

FSU

1/20/17

Article Number (Transfer from service label)
7016 2140 0001 0102 3725

COMPLETE THIS SECTION ON DELIVERY

A. Signature

☐ Agent

☐ Addressee

X

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☒ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

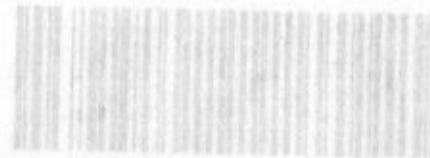
Domestic Return Receipt

PS Form 3811, July 2015 PSN 7530-02-000-9053

NEW YORK CITY
132 HALL STREET 8TH FL - BOX 5022
NEW YORK, NY 10013
NEW YORK POST OFFICE
NEW YORK, NY 10013

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
THE CITY OF NEW YORK

3076-5740 0007 0705 3352



CERTIFIED MAIL



OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
Hearings Division

66 John Street, 11th Floor
New York, NY 10038

DEFAULT DECISION

<p>DEPARTMENT OF HEALTH & MENTAL HYGIENE, -against-</p> <p>120 LEXINGTON AVENUE CORP 5846 S FLAMINGO RD # 238, COOPER CITY, FL 33330</p> <p>(Respondent)</p>	Violation/Summons No.: <u>00698-17Q0</u>
	Decision Date: <u>3/1/2017</u>
	Hearing Officer: <u>Pfeiffer, Andrea - E48</u>
	Respondent's Rep.:
	Type of Hearing: <u>DFLT (Default/No Appearance)</u>

Summary Disposition: **DFLT - Default/ No Appearance**

Repondent failed to appear on the date and time stated in the Notice of Violation, The facts stated on the Notice of Violation are admitted. Respondent is found in violation and ordered to pay the penalties stated in this decision.

LINE ITEM	VIOL. CODE	CONDITION (SEVERITY)	CODE SECTION	DECISION CODE	PENALTY
1	H1	none	3.09	Default/ No Appearance	\$2,000.00
				TOTAL:	\$2,000.00

Pay a Default Penalty

To pay the penalty imposed as the result of a summons/notice issued by the DEPARTMENT OF HEALTH & MENTAL HYGIENE:

- By mail: Send a check or money order for the full amount owed. DO NOT send cash. Write your **Summons/Notice Number** and **ACCELA ID** on the front of the check or money order and make it payable to: **OATH – Hearings Division**. Mail a copy of this notice and payment via First Class Mail to:
OATH Hearings Division
PO Box 4199
Church Street Station
New York, NY 10261-4199
Please do not include any other documents with your payment.
- In person: Bring a check, money order, or credit card to one of the OATH Hearings Division locations below. Cash is not accepted.
Manhattan at 66 John Street, 11th floor, NYC, NY 10038
or
Brooklyn at 9 Bond Street, 6th floor, Brooklyn, NY 11201
- Online: Using a credit or debit card go to <https://a858-elpaca.nyc.gov/CitizenAccess/>. First time users will be required to set up a User ID, password, and request a PIN to utilize this service. A Summons/Notice number is required to pay. Instructions are provided on the website. A service fee is charged for all credit and debit card transactions.

To pay the penalty imposed as the result of a summons/notice issued by the DEPARTMENT OF CONSUMER AFFAIRS:

- By mail: Send a check or money order for the full amount owed. DO NOT send cash. Write your **Summons/Notice Number** on the front of the check or money order and make it payable to: **NYC Department of Consumer Affairs**. Mail a copy of this notice and payment via First Class Mail to:
NYC Department of Consumer Affairs
Collections Division
42 Broadway, 9th Floor
New York, NY 10004
Please do not include any other documents with your payment.

To Request a New Hearing

To request a new hearing, fill out the form called “Request for a New Hearing After a Failure to Appear.” A first request for a new hearing received by the OATH Hearings Division no more than 60 days from the date of the Default Decision will be granted.

If the request is made more than 60 days but less than one year from the date of the default decision, the request must state a reason (called a “reasonable excuse”) for the respondent’s failure to appear.

You can find further information and the forms on the OATH website at: www.nyc.gov/oath, or you can pick up the form at any Hearings Division location.



OFFICE OF ADMINISTRATIVE TRIALS AND HEARINGS
Hearings Division

66 John Street, 11th Floor
New York, NY 10038

DEFAULT DECISION

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	Hearing Officer: <u>Pfeiffer, Andrea - E48</u>
	Respondent's Rep.:
	Type of Hearing: <u>DFLT (Default/No Appearance)</u>

Summary Disposition: **DFLT - Default/ No Appearance**

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

00698-17Q

Lasu#2017-0014

120 Lexington Avenue Corp

5846 South Flamigo Road, #238

Cooper City, FL 33330

9590 9402 2284 6225 1355 29

FSU

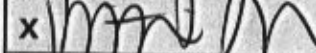
1/20/17

Article Number (Transfer from service label)

016 2140 0001 0102 3725

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x ☐ Agent☐ Addressee

B. Received by (Printed Name)

Kristina Frisiro

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Adult Signature☐ Adult Signature Restricted Delivery☒ Certified Mail®☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Insured Mail Restricted Delivery (over \$500)☐ Priority Mail Express®☐ Registered Mail™☐ Registered Mail Restricted Delivery☐ Return Receipt for Merchandise☐ Signature Confirmation™☐ Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt