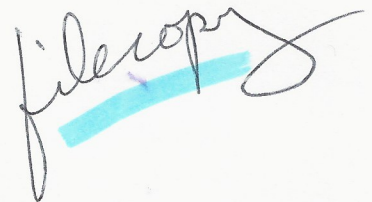


October 1, 2015

Quality Assurance Dept -- attn: Simone E LeVasseur, Specialist  
PSCH Headquarters  
142-02 20th Ave, 3rd Floor  
Flushing, NY 11351  
tel: (718) 559-0516



Dear Ms LeVasseur,

Today, October 1st, 2015, I received your letter dated 9/29/2015 (attached); it was handed to me by a PSCH staffer (Nicole) when I entered the lobby of Island House today at 12:20pm. That letter is the first notification I've had that your department wants to interview me for an investigation.

Of course, I am happy to comply with your request. (Had I known of your request before now, I would certainly have complied as soon as I knew of it.) I will call the telephone numbers provided in your letter to "arrange an interview".

Your letter mentioned four dates in September that "[t]he investigator contacted [my] place of residence" "attempting to schedule an interview". Until receiving your letter today, I was unaware that PSCH was trying to get hold of me: no letter, no note left at the front desk of Island House, no note taped to the door of my apartment or slid underneath it, no verbal message from a PSCH staffer, no email at any of my three email addresses.

It is unclear why an investigator from PSCH would be trying to reach me at my "place of residence", given my numerous verbal reports to PSCH staff and management, together with my several letters to PSCH management, all of them indicating that I have not been staying in my apartment since August 20, when my apartment became uninhabitable.

Would you please give me your email address? I'd like an additional way to contact you as this matter proceeds. Also, would you please give me contact information (name, telephone number, email) for the Deputy Director of the Quality Assurance department at PSCH (referred to in your letter)?

Sincerely,



Juli Straehle

att: your letter to me, dated 9/29/2015

cc: Bob Boyce -- NYS Office of Mental Health - L.I. Field Office  
Fred Brewington, Esq

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PROMOTING  
SPECIALIZED  
CARE AND  
HEALTH

142-02 20<sup>th</sup> Avenue, Flushing, NY 11351 • (718) 559-0516  
Web Site: [www.psch.org](http://www.psch.org) • E-mail: [info@psch.org](mailto:info@psch.org)

ALAN M. WEINSTOCK

CEO

09/29/2015

Juli Straehle  
4029 Long Beach Road  
Island Park, N.Y. 11558

Ms. Straehle:

This letter serves as a formal request for an interview with the Quality Assurance Department as part of an investigation.

The investigator contacted your place of residence on **09/18/15, 9/23/15, 9/24/15**, and again on **9/25/15** attempting to schedule an interview with you. With each attempt, the program director reported that you were not at the residence. Each time, the investigator left messages including her office and cellular phone numbers. At approximately 9:00 a.m. on **9/28/15**, the investigator was informed that you *had* returned to the residence, but not physically in the building; your whereabouts unknown. The investigator informed the program director that she would visit your residence **today: 09/29/15**, at approximately **1:00 p.m.**

Please contact me as soon as possible to arrange an interview at **(347) 542-4219 OR (347) 924-3598**. Should I not hear from you by **10/5/15**, your failure and/or refusal to cooperate in the investigation will be noted, documented, and reported to the Deputy Director of the Quality Assurance department of P.S.C.H.

Sincerely,

Simone E. LeVasseur  
Quality Assurance Specialist



\*\*\*\*\*  
\*\*\* TX REPORT \*\*\*  
\*\*\*\*\*

TRANSMISSION OK

TX/RX NO	2019
RECIPIENT ADDRESS	17184455788
DESTINATION ID	
ST. TIME	10/05 10:19
TIME USE	00'30
PAGES SENT	3
RESULT	OK

# FAX

TO:	Simone LeVasseur, PSCH Quality Assurance	FROM:	Juli Straehle
FAX:	718-445-5788	FAX:	
PHONE:	718-559-0516	PHONE:	516-551-4290
SUBJECT:		DATE:	October 5, 2015
COMMENTS: 3 pages inc. cover			

confirmed receipt  
by call (spoke Simone)  
11:55a 10/5/2015

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY																	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p>																	
<p>1. Article Addressed to:</p> <p>QA DEPT - ATTN: S. LEVASSEUR          PSCH HQ          142-02 20<sup>th</sup> AVE, 3<sup>rd</sup> FL          FLUSHING, NY 11351</p>		<p>B. Received by (Printed Name)          Carlos Vazquez</p>	<p>C. Date of Delivery</p>																
<p>2. Article Number (Transfer from service label)          7014 3490 0000 1141 9404</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>																	
<p>9590 9403 0231 5146 3482 95</p>		<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</td> <td></td> </tr> </table>		<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> Insured Mail		<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®																		
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™																		
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery																		
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise																		
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™																		
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery																		
<input type="checkbox"/> Insured Mail																			
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)																			

PS Form 3811, April 2015 PSN 7530-02-000-9053 Domestic Return Receipt

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT Domestic Mail Only	
For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a> ®.	
FLUSHING NY 11351	
Postage	\$ 13.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	\$ 16.25
<p>Sent To: QA Dept / S. LEVASSEUR / PSCH</p> <p>Street &amp; Apt. No. or PO Box: 142-02 20<sup>th</sup> AVE, 3<sup>rd</sup> FL</p> <p>City, State, ZIP+4: FLUSHING, NY 11351</p>	

PS Form 3800, July 2014 See Reverse for Instructions